CAMPAIGN – Application to Obtain Logon ID Number and Password to File Online or Electronically

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GENERAL INFORMATION:

1. A "Sendback" letter is sent only when:
    a. The signature is missing
    b. The signature does not belong to an individual who is required to sign (e.g. A Firm statement must be signed by a Responsible Officer; a Client statement must be signed by a Responsible Officer, CPA or Attorney).
2. In many instances, missing or incomplete information may be found using other sources (e.g. existing record in AMS, other submitted forms, etc.).
3. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter. Any information provided by the filer should also be obtained in writing.

Application to Obtain Login ID Number and Password

Reset Form | Print Form

CAMPAIGN - APPLICATION TO OBTAIN LOGON ID NUMBER AND PASSWORD TO FILE ONLINE OR ELECTRONICALLY

1. I am submitting this application as: *(check one)*

1

☐ Treasurer ☐ Assistant Treasurer ☐ Responsible Officer ☐ Major Donor
☐ Other (specify)_____

2. I want to file campaign statements or reports on behalf of: *(type or print legibly)*

2 3

_____ _____
(full name) (ID# if known)

4

_____ _____ ____ _____
(street address) (city) (state) (zip code)

3. The filer is a: *(check one)*

5

☐ Recipient committee ☐ Major donor/independent expenditure committee ☐ Slate mailer organization
☐ Other (specify)_____

4. I am entitled to file campaign statements on behalf of the above campaign entity.

5. I hereby apply for the issuance of a logon ID# and password in order to file statements/reports online/electronically.

6. If you want to authorize an approved vendor to obtain your ID number and password for you, complete the following:

I intend for an approved vendor or service provider to submit my campaign statements electronically on my behalf. I hereby authorize:

6

_____
(insert full name of approved vendor/provider)

to obtain my logon filing ID# and password in order to file my statements/reports electronically.

7. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

7 8

Executed on _____ at _____.
(date) (where signed)

9 10

_____ _____
(signature) (printed name of signer)

11 12 13

_____ _____ * _____
(phone number) (fax number) (e-mail address if available)

8. If you are requesting the ID number and password for a new recipient committee (or slate mailer organization), attach a completed copy of the Form 410 (or Form 400) to the faxed application for logon ID number and password. If you have not already done so, be sure to immediately file the signed, original paper copy of the Form 410 (or Form 400) with the Political Reform Division of the Secretary of State's office.

*Be sure to include your fax number so that the ID number and the password can be returned to you.

NOTE: Any online or electronic filing, by an approved vendor or otherwise, is presumed to be filed under penalty of perjury. (Government Code section 84604(d))

FAX THIS APPLICATION TO (916) 653-5045

(If you have questions, call the Help Line at 916-653-7283 or 877-745-3453.)

03/21/08

DATA ELEMENTS

This section provides guidance for reviewing the application form, explaining the data fields the filer must or may complete, and the method used for obtaining missing or incomplete information. It also indicates the location of the corresponding AMS data entry field (if any).

***Methods of Contact (MOC):**
PC –Phone Call
EL – Exception Letter
OC – Other contact (email, fax) – Use email for "overseas/out of country" lobbyists.
SB – Sendback Letter

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Application submittor type: Checkbox	Yes		PC/OC	New Filer/Filer: Title
2	File campaign statements or reports on behalf of: Full Name	Yes		PC/OC	New Filer/Filer: Name
3	File campaign statements or reports on behalf of: ID#	Yes		PC/OC	New Filer/Filer: ID number
4	File campaign statements or reports on behalf of: Street address, City, State, Zip Code	Yes		PC/OC	New Filer/Filer: Address
5	Filer type checkbox	Yes		PC/OC	New Filer/Filer: Attribute
6	Name of authorized vendor/provider	Yes		PC/OC	Filer: Vendor Button
7	Attestation:Date	Yes		EL	No field available to enter this data.
8	Attestation:Place where signed	Yes		EL	No field available to enter this data.
9	Attestation: Signature	Yes		SB if missing signature(s) EL if other signature issue	No field available to enter this data.
10	Attestation: Printed name of signer	Yes		EL	No field available to enter this data.
11	Attestation: Phone Number	Yes		PC/OC	No field available to enter this data.
12	Attestation: Fax Number	Yes		PC/OC	No field available to enter this data.
13	Attestation: E-mail address	Yes		PC/OC	No field available to enter this data.

Filing Requirements

This section provides an explanation of other forms that may have a dependency on this form, or whether this form has any dependencies on other forms.

Attachment Description	Required/ Optional	Comments
None		

Written Notations

This section explains information handwritten or stamped onto the Form.

Entered By	Notation	Comments
None		

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the application form.

Authorized Signer	Comments