Form 410 – Statement of Organization: Recipient Committee

1. General Information
2. Application Form
3. Data Elements
4. Filing Requirements
5. Written Notations
6. Signature Requirements

GENERAL INFORMATION:

1. A “Sendback” letter is sent only when the signature is missing.
2. In many instances, missing or incomplete information may be found elsewhere in the form, or by other sources (e.g. existing record in AMS, other submitted forms, or elsewhere on the same form, etc.).
3. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter.
4. Form 410 amendments are compared to previously submitted Form 410s and new and/or changed information is highlighted. The focus of the Form 410 compliance review is the highlighted information, which is the only information entered into AMS.
5. Form 410 terminations are compared to previously submitted Form 410s. The termination date is highlighted, as well as any new and/or changed information which may also need to be entered into AMS.
6. Any questions regarding processes should be directed to a PRD supervisor.

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Review Points – Form and AMS

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

Statement Type ☐ Initial ☐ Amendment ☐ Termination – See Part 5

Not yet qualified ☐ or

List I.D. number: #

List I.D. number: #

___/___/___ Date qualified as committee

___/___/___ Date qualified as committee (If applicable)

___/___/___ Date of Termination

1. Committee Information

NAME OF COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 38

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6 COMMITTEE NAME

I.D. NUMBER 3

- **All committees must list the financial institution where the campaign bank account is located.** 22a

22 NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER 23

24 ADDRESS | CITY | STATE | ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) 26	YEAR OF ELECTION 27	PARTY
25			☐ Nonpartisan 28
			☐ Nonpartisan

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) 30	CHECK ONE: SUPPORT	OPPOSE
29		☐	☐ 31
		☐	☐

FPPC Form 410 (Jan/2016)
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6 COMMITTEE NAME

I.D. NUMBER 3

4. Type of Committee (Continued)

32 ***General Purpose Committee*** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

33 PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

34 NAME OF SPONSOR

35 INDUSTRY GROUP OR AFFILIATION OF SPONSOR

36 STREET ADDRESS NO. AND STREET | CITY | STATE | ZIP CODE

37 ***Small Contributor Committee*** ☐ ___/___/___
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

DATA ELEMENTS

This section provides guidance for reviewing the Form 410, 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
RL – Rejection Letter (sent for Initial Registration)
EL – Exception Letter (sent for Amendments/Terminations)
OC – Other contact (email, fax)
SB – Sendback Letter
N/A – No Action needed

No.	Data Element	Required: Yes/No			Comments	Action if missing/ incomplete/ *MOC			AMS Data Entry
		Initial	Amend	Term		Initial	Amend	Term	
1	Statement Type – checkbox	Yes	Yes	Yes	Statement Type – checkbox	RL	EL	N/A	No field available to enter this data.
2	Not Yet Qualified – checbox (Initial Only)	Yes – if Qualified	Yes – only if changed	No	Must complete either 2 or 4.	RL – if both 2 and 4 are missing	EL	N/A	Add New Filer Form 410/Filer: Set Qualified Date – leave as default value of “Not Qualified – N/A.”
3	List ID number (Amendment and Termination Only)	No	Yes	Yes	Can be obtained by searching by Committee Name	N/A	PC/OC – if cannot be determined	PC/OC – if cannot be determined	Add New Filer Form 410/Filer: ID (system generated number)
4	Date Qualified as Committee (Initial and Amendment Only)	Yes – if Qualified	Yes – if Qualified	Yes – if Qualified	Must complete either 2 or 4.	RL – if both 2 and 4 are missing	EL	N/A	Add New Filer Form 410/Filer: Set Qualified Date button opens Edit Date window for entry of Qualification Date.
5	Date of Termination	No	No	Yes	This is only required if the committee is terminating its registration	N/A	N/A	EL	Filer: Attribute

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No.	Data Element	Required: Yes/No			Comments	Action if missing/ incomplete/ *MOC			AMS Data Entry
		Initial	Amend	Term		Initial	Amend	Term	
6	Name of Committee	Yes	Yes	Yes	Must meet Committee Name Requirements If, on one page of the application, information is missing from the Committee name on the first page, but is listed correctly on a different page, then pencil in the correct name on the first page.	RL	EL if incomplete; PC/OC if missing	EL if incomplete; PC/OC if missing	Add New Filer Form 410: Last Filer: Last
7	Street Address	Yes	Yes, if changed	Yes, if changed	P.O. Box is not allowed	RL	EL	N/A	Add New Filer Form 410/Filer: Select Address Type (Business, Home, Permanent) from dropdown list; Add 1/ Add 2
8	City, State, Zip Code, Area Code/Phone	Yes	Yes, if changed	Yes, if changed		RL	EL	N/A	Add New Filer Form 410/Filer: City, State, Zip, Phone
9	Mailing Address (If Different)	Yes – if different than street address	Yes, if changed	Yes, if changed	May contain a P.O. Box	RL	EL	N/A	Add New Filer Form 410/Filer: Select Address Type (Mailing) from dropdown list; Add 1/ Add 2
10	Fax/E-mail address	Yes – only e-mail address is required	Yes, if changed	Yes, if changed	Fax number is not required. The email address does not have to belong to the candidate, but must be provided.	RL	EL	N/A	Add New Filer Form 410/Filer: Fax, Email
11	County of Domicile/Jurisdiction Where Committee is Active	No	No	No	May be determined by the street address	N/A	N/A	N/A	Add New Filer Form 410/Filer: County and Jurisdiction dropdown lists.

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No.	Data Element	Required: Yes/No			Comments	Action if missing/ incomplete/ *MOC			AMS Data Entry
		Initial	Amend	Term		Initial	Amend	Term	
12	Name of Treasurer	Yes	Yes, if changed	Yes, if changed		RL	EL	EL	Add New Filer Form 410/Filer: Click button to the right of the Treasurer field and search for Treasurer Record. If found, link to this Committee, as appropriate. If not found, create a new Filer record for the Treasurer who is then linked to this Committee.
13	Street Address	Yes	Yes, if changed	Yes, if changed	P.O Box is not allowed	RL	EL	N/A	Add New Filer Form 410/Filer: Address: Select Address Type (Business, Home, Permanent) from dropdown list; Add 1/ Add 2
14	City, State, Zip Code, Area Code/Phone	Yes	Yes, if changed	Yes, if changed		RL	EL	N/A	Add New Filer Form 410/Filer: City, State, Zip, Phone
15	Name of Assistant Treasurer, if any	No	Yes, if changed	Yes, if changed		N/A	EL	N/A	No field available to enter this data.
16	Street Address (No P.O. Box)	No	Yes, if changed	Yes, if changed		N/A	EL	N/A	No field available to enter this data.
17	City, State, Zip Code, Area Code/Phone	No	Yes, if changed	Yes, if changed		N/A	EL	N/A	No field available to enter this data.
18	Name of Principal Officer(s)	Yes – see comment	Yes, if changed	Yes, if changed	Required if the committee is non-candidate controlled	RL	EL	N/A	Add New Filer Form 410/Filer: Last/First/Suffix. Also add Title.
19	Street Address (No P.O. Box)	Yes – see comment	Yes, if changed	Yes, if changed	Required if the committee is non-candidate controlled	RL	EL	N/A	Add New Filer Form 410/Filer: Address: Select Address Type (Business, Home, Permanent) from dropdown list; Add 1/ Add 2
20	City, State, Zip Code, Area Code/Phone	Yes – see comment	Yes, if changed	Yes, if changed	Required if the committee is non-candidate controlled	RL	EL	N/A	Add New Filer Form 410/Filer: City, State, Zip, Phone
21	Verification Date and Signature(s)	Yes	Yes	Yes	PRD accepts a form without a date, if: appropriate signature(s) is/are present, and there no other errors.	SB – if any required signature is missing RL – if incomplete or incorrect	SB – if any required signature is missing EL – if incomplete or incorrect	SB – if any required signature is missing EL – if incomplete or incorrect	No field available to enter this data.
22	Name of Financial Institution	Yes – if Qualified	Yes – if changed	Yes – if changed		RL	EL	N/A	No field available to enter this data.

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No.	Data Element	Required: Yes/No			Comments	Action if missing/ incomplete/ *MOC			AMS Data Entry
		Initial	Amend	Term		Initial	Amend	Term	
22a	Area Code/Phone	No	No	No		N/A	N/A	N/A	No field available to enter this data.
23	Bank Account Number	Yes – if Qualified	Yes – if changed	Yes – if changed		RL	EL	N/A	No field available to enter this data.
24	Address, City, State, Zip Code	Yes – if Qualified	Yes – if changed	Yes – if changed		RL	EL	N/A	No field available to enter this data.
25	**Type of Committee: Controlled Committee –** Name of Candidate/ Officeholder/ State Measure Proponent	Yes – if a Controlled Committee	Yes – if changed	Yes – if changed		RL	EL	N/A	Add New Filer Form 410/Filer: Select Committee Type from Control Type dropdown list. Link Candidate/Officeholder/State Measure Proponent
26	Elective Office Sought or Held (include District Number if applicable)	Yes – if a Controlled Committee	Yes – if changed	Yes – if changed		RL	EL	N/A	No field available to enter this data.
27	Year of Election	Yes – if a Controlled Committee	Yes – if changed	Yes – if changed		RL	EL	N/A	No field available to enter this data.
28	Party (or Nonpartisan checkbox)	No – if a Controlled Committee	No	No		N/A	N/A	N/A	Add New Filer Form 410/Filer: Party Code
29	**Type of Committee: Primarily Formed Committee –** Candidate(s) Name or Measure(s) Full Title (Include Ballot No. or Letter)	Yes – if Primarily Formed Committee (PFC)	Yes – if changed	Yes – if changed	Reference: Linking Initiative/Ballot Measure	RL	EL	N/A	Add New Filer Form 410/Filer: Select Committee Type from the Category dropdown list. Link Candidate or Measure
30	Candidate(s) Office Sought or Held or Measure(s) Jurisdiction (include District No., City or County, as applicable)	Yes – if Primarily Formed Committee (PFC)	Yes – if changed	Yes – if changed		RL	EL	N/A	Add New Filer Form 410/Filer: Jurisdiction and County dropdown lists. Office Sought or Held included with Linked Candidate record.
31	Support or Oppose checkboxes	Yes – if Primarily Formed Committee (PFC)	Yes – if changed	Yes – if changed		RL	EL	N/A	No field available to enter this data.

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No.	Data Element	Required: Yes/No			Comments	Action if missing/ incomplete/ *MOC			AMS Data Entry
		Initial	Amend	Term		Initial	Amend	Term	
32	**Type of Committee: General Purpose Committee –** City/ County/ State Committee checkbox	Yes – if a General Purpose Committee	Yes – if changed	Yes – if changed	FPPC Regulations state a phone number is needed; however, the form does not capture this info, so do not reject if not provided.	RL	EL	N/A	Add New Filer Form 410/Filer: Select Committee Type from the Category dropdown list. Select City/County/State from Sub-Type dropdown list.
33	Provide brief description of activity	Yes – if a General Purpose Committee	Yes – if changed	Yes – if changed	Special instructions: A Multipurpose Organization Non-Profit Organization must enter their Mission or most significant activities and describe its political activities, or reference the location of their IRS Return of Organization Exempt from Income Tax Form. If a Federal or Out-of-state MPO, then, page 3 is not required If questions, ask a Supervisor.	RL	EL	N/A	No field available to enter this data.
34	**Type of Committee: Sponsored Committee –** Name of Sponsor	Yes – if a Sponsored Committee	Yes – if changed	Yes – if changed	FPPC Regulations state a phone number is needed; however, the form does not capture this info, so do not reject if not provided.	RL	EL	N/A	Add New Filer Form 410/Filer: Sponsored dropdown list.
35	Industry Group or Affiliation of Sponsor	Yes – if a Sponsored Committee	Yes – if changed	Yes – if changed		RL	EL	N/A	No field available to enter this data.
36	Street Address, City, State, Zip Code	Yes – if a Sponsored Committee	Yes – if changed	Yes – if changed		RL	EL	N/A	No field available to enter this data.

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No.	Data Element	Required: Yes/No			Comments	Action if missing/ incomplete/ *MOC			AMS Data Entry
		Initial	Amend	Term		Initial	Amend	Term	
37	**Type of Committee - Small Contributor Committee:** Date Qualified checbox	Yes – if a Small Contributor Committee	Yes – if changed	Yes – if changed		RL	EL	N/A	Add New Filer Form 410/Filer: Sub-Type dropdown list
38	For Official Use Box	N/A	N/A	N/A	Used for notations. Refer to Written Notations.	N/A	N/A	N/A	

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
Form 501	Required for a Candidate	Campaign Reg does not review this. Not a reason to reject.
Form 460	See Comments	If a committee files a Form 460 and indicates it is terminating, the committee still needs to submit a Form 410 in order to complete the actual termination.

Written Notations

This section explains information handwritten or stamped onto the Form.

Entered By	Notation	Comments
Public Desk	Date Stamp	The date stamp includes “Received and Filed.”
Registration – Initial Reviewer, A&T	FPPC ID#	This is written at the top of the form, and optionally also along the left side in large numbers.

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Entered By	Notation	Comments
Registration – Initial Reviewer, A&T	Committee Type: • R – Recipient Committee Select from the following: • L – Local Committee • C – State Candidate • P – Primarily Formed Committee • G – General Purpose County Code	E.g. R/C-1 would represent Recipient Committee for a State Candidate (e.g. Senator) whose county of domicile is Alameda County and be written as: R C 1
Registration – Initial Reviewer or PDATA clerk	Fees paid (done by PDATA): • Amount • Method of Payment ○ Receipt Number Or "NCK" for no check received (done by Reviewer) -	This goes on the "Copy" only – if the filer submitted both an Original and a Copy. If only the Original is sent in (without a copy), then put it on the original.
Registration – Initial Reviewer, A&T	"R" for "Reviewed" and Initials	
Registration – Initial Reviewer	Upper Right corner – indicate: "Rejected" and initial/date "Returned" and initial/date	IF FORM 410 IS REJECTED The Rejected and Returned dates may not be the same date.
Registration – Initial Reviewer	On the "Received and Filed" stamp, cross out the words "and Filed."	
Registration – Initial Reviewer	Any important information that should be noted on the form, is entered in the "For Official Use Only" section.	
Registration – Amendments and Terminations	In the "For Official Use Only" section, notate "E" indicating an Exception letter was sent.	

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 410, based on the Committee Type.

Committee Type	Authorized Signer	Comments
General Purpose	Treasurer or Assistant Treasurer	Reject if signed by an Other Principal Officer
Primarily Formed	Treasurer or Assistant Treasurer	Reject if signed by an Other Principal Officer
Candidate Controlled (including Ballot Measure Committees)	Treasurer, Assistant Treasurer, Candidate or Ballot Measure Proponent	
Caucus Committee	Caucus President and Treasurer	