Form 401 – Slate Mailer Organization (SMO) Campaign Statement

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

GENERAL INFORMATION:

1. Process initial forms before amendments. Initial forms take priority.
2. If the SMO meets the eFiling threshold, as per:
    a. The current statement,
    b. Previous statements, or
    c. Previously sent Electronic Non-Filer Notice
3. Evaluate each filing period, depending on the requirements of the FPPC filing schedule (dates that contributions were received or made and the contribution dollar amount) to determine a separate fine for each eligible filing period.
4. Any questions regarding processes should be directed to a PRD manager.

Form 401 – Slate Mailer Organization Campaign Statement
Review Points – Form and AMS

COVER PAGE

Slate Mailer Organization Campaign Statement
(Government Code Sections 84218 - 84219)

Type or print in ink.

2

Date Stamp

CALIFORNIA FORM 401

3

Page _____ **of** _____

For Official Use Only

1

SEE INSTRUCTIONS ON REVERSE

☐ **Amendment** (explain): _____

Statement covers period

from _____

through _____

I Slate Mailer Organization Information

4 a-d

FULL NAME OF SLATE MAILER ORGANIZATION:

ID NUMBER

5

ADDRESS NO. AND STREET

CITY STATE ZIP CODE PHONE NUMBER ( )

6 a-d

NAME OF TREASURER

ADDRESS NO. AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER ( )

II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

7 ☐ Committee Report Attached

☐ ID Number if Recipient Committee 8

III Summary of Payments

9 a-d

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1. TOTAL PAYMENTS RECEIVED	$ _____ Sch. A, Line 3	$ _____
2. TOTAL PAYMENTS MADE	$ _____ Sch. B, Line 3	$ _____

IV Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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.

10 a-e

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF RESPONSIBLE OFFICER)

Name of Responsible Officer _____ (TYPE OR PRINT) Title _____

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

Clear Page | Print Form

FPPC Form 401 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Form 401 – Slate Mailer Organization Campaign Statement
Review Points – Form and AMS

Schedule A
Payments Received

SCHEDULE A

CALIFORNIA FORM **401**

Statement covers period

from _____

through _____

Page _____ of _____

2

3

SEE INSTRUCTIONS ON REVERSE

4 a

NAME OF SLATE MAILER ORGANIZATION

I.D. NUMBER

5

(1)	(2)	(3)			(4)	(5)
		(a)	(b)			
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM $100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE OR MEASURE
			SUPPORT	OPPOSE		

11 a-f

SUBTOTAL $

14

15

Summary

12

1. Amount Received – Itemized payments (include all Schedule A subtotals) ..... $_____

13

2. Amount Received – Payments of less than $100 (not itemized) ..... $_____

9a

3. Total Payments Received (Line 1 + Line 2). Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 ..... $_____

Clear Page

Print Form

FPPC Form 401 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Form 401 – Slate Mailer Organization Campaign Statement
Review Points – Form and AMS

SCHEDULE B

Schedule B
Payments Made

2

Statement covers period
from _____
through _____

CALIFORNIA FORM **401**

3

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

4 a

NAME OF SLATE MAILER ORGANIZATION

I.D. NUMBER

5

16 a-c

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
	SUBTOTAL $	

17

Summary

18 1. Payments of $100 or more (include all Schedule B subtotals) ..... $_____

19 2. Payments under $100 this period (not itemized) ..... $_____

9c 3. Total payments this period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1 ..... $_____

Clear Page Print Form

FPPC Form 401 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Form 401 – Slate Mailer Organization Campaign Statement
Review Points – Form and AMS

2

SCHEDULE B-1

Schedule B-1
Payments Made By An Agent or Independent Contractor on Behalf of A Slate Mailer Organization

Statement covers period	CALIFORNIA FORM **401**
from _____	
through _____	Page _____ of _____

3

4 a

NAME OF SLATE MAILER ORGANIZATION

I.D. NUMBER

5

20

NAME OF AGENT OR INDEPENDENT CONTRACTOR

21 a-c

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
	TOTAL*	

22

*Do not transfer to any other schedule or to the Summary. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule B by the Slate Mailer Organization.

Clear Page Print Form

FPPC Form 401 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Form 401 – Slate Mailer Organization Campaign Statement
Review Points – Form and AMS

Schedule C
Persons Receiving
$1000 or More

SCHEDULE C

2

Statement covers period
from _____
through _____

CALIFORNIA FORM **401**

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

4 a

NAME OF SLATE MAILER ORGANIZATION

I.D. NUMBER

5

You must identify each individual listed on your Statement of Organization (Form 400) who received, directly or indirectly, $1,000 or more from the organization during the period. (See instructions on reverse regarding "indirect" payments.)

23 a-c

NAMES OF INDIVIDUALS RECEIVING $1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1

Clear Page Print Form

FPPC Form 401 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Form 401 – Slate Mailer Organization Campaign Statement
Review Points – Form and AMS

SCHEDULE D

Schedule D
Candidates and Measures
Not Listed on Schedule A

2

Statement covers period
from _____
through _____

CALIFORNIA FORM **401**

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

4 a

NAME OF SLATE MAILER ORGANIZATION

I.D. NUMBER

5

You must identify each candidate and measure supported or opposed in a slate mailer sent by you during the period for which you did not receive a payment of $100 or more (either from the candidate or ballot measure committee or from any other person).

24 a-c

NAME OF CANDIDATE OR MEASURE	CHECK ONE		JURISDICTION AND OFFICE SOUGHT BY CANDIDATE; OR JURISDICTION AND BALLOT MEASURE LETTER OR NUMBER
	SUPPORT	OPPOSE	

Clear Page Print Form

Form 401 – Slate Mailer Organization Campaign Statement
Review Points – Form and AMS

DATA ELEMENTS

This section provides guidance for reviewing the Form 401, 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)
SB – Sendback Letter
N/A – No Action needed

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Cover	Amendment checkbox	Yes		N/A	No field available to enter this data in AMS.
2	Cover	Statement Covers Period from ___ through ___	Yes	Normally this will follow the filing schedule for Slate Mailer Organizations (see FPPC website for filing schedule).	EL	Filer Record: Filings tab
3	Cover	Page _ of _	No		N/A	No field available to enter this data in AMS.
4a	Cover	Full Name of Slate Mailer Organization	Yes	Must match Name associated with FPPC ID#	EL	New Filer/Filer: Last Name
4b	Cover	Address No. and Street	Yes	Cannot be a P.O. Box	EL	New Filer/Filer: Address
4c	Cover	City, State and Zip Code	Yes		EL	New Filer/Filer: Address
4d	Cover	Phone Number	Yes		EL	New Filer/Filer: Phone
5	Cover	ID Number	Yes	FPPC ID # - Can be obtained by Search	N/A	System-generated
6a	Cover	Name of Treasurer	Yes		EL	New Filer/Filer: Last Name, First Name
6b	Cover	Address No. and Street	Yes	Cannot be a P.O. Box	EL	New Filer/Filer: Address
6c	Cover	City, State and Zip Code	Yes		EL	New Filer/Filer: Address
6d	Cover	Phone Number	Yes		EL	New Filer/Filer: Phone
7	Cover	Committee Report Attached checkbox	Yes		N/A	No field available to enter this data in AMS.
8	Cover	ID Number if Recipient Committee	Yes		EL	Search for Recipient Committee

Form 401 – Slate Mailer Organization Campaign Statement
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
9a	Cover	Summary of Payments: Total Payments Received (This period)	Yes	Filer must fill in this line, even if the amount is zero. Compare 9a and 9b. The higher amount is the maximum limit used in calculating the fine.	N/A	No field available to enter this data in AMS.
9b	Cover	Summary of Payments: Total Payments Received (since January 1 of calendar year covered)	Yes		EL	No field available to enter this data in AMS.
9c	Cover	Summary of Payments: Total Payments Made (This period)	Yes		EL	No field available to enter this data in AMS.
9d	Cover	Summary of Payments: Total Payments Made (since January 1 of calendar year covered)	Yes		EL	No field available to enter this data in AMS.
10a	Cover	Verification: Execution Date	Yes		EL	No field available to enter this data in AMS.
10b	Cover	Verification: City and State	Yes		EL	No field available to enter this data in AMS.
10c	Cover	Verification: Signature of Responsible Officer	Yes		SB if signature is missing	No field available to enter this data in AMS.
10d	Cover	Verification: Name of Responsible Officer	Yes		EL	No field available to enter this data in AMS.
10e	Cover	Verification: Responsible Officer Title	Yes		EL	No field available to enter this data in AMS.
11a	Schedule A	Date Received	Conditional	Required if the Summary of Payments – Total is completed	EL	No field available to enter this data in AMS.
11b	Schedule A	Identification of persons from whom $100 or more has been received this period.	Yes		EL	No field available to enter this data in AMS.
11c	Schedule A	Name, Office Sought, and Jurisdication of Candidate/ Name, Jurisdiction and Number or Letter of Ballot Measure Supported or Opposed.	Yes	If different from 11c	EL	No field available to enter this data in AMS.
11d	Schedule A	Checkbox to indicate if payment was received to support or oppose candidate or measure included in slate mailer	Yes		EL	No field available to enter this data in AMS.

Form 401 – Slate Mailer Organization Campaign Statement
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
11e	Schedule A	Amount received this period	Conditional	Required if this is an Election Year	EL	No field available to enter this data in AMS.
11f	Schedule A	Cumulative amount received since January 1 per candidate or measure	No	See Schedule A – Amount received this period.	EL	No field available to enter this data in AMS.
12	Schedule A	Summary: Amount Received – itemized payments (include all Schedule A subtotals)	Yes		EL	No field available to enter this data in AMS.
13	Schedule A	Summary: Amount Received – payments of less than $100 (not itemized)	Yes		EL	No field available to enter this data in AMS.
14	Schedule A	Subtotal: Amount received this period.	Yes		EL	No field available to enter this data in AMS.
15	Schedule A	Subtotal: Cumulative amount received since January 1 per candidate or measure	Yes		EL	No field available to enter this data in AMS.
16a	Schedule B	Name and Street Address of Payee	Yes		EL	No field available to enter this data in AMS.
16 b	Schedule B	Description of Payment	Yes		EL	No field available to enter this data in AMS.
16 c	Schedule B	Amount Paid	Yes		EL	No field available to enter this data in AMS.
17	Schedule B	Subtotal: Amount Paid	Yes		EL	No field available to enter this data in AMS.
18	Schedule B	Payments of $100 or more	Yes		EL	No field available to enter this data in AMS.
19	Schedule B	Payments under $100 this period (not itemized)	Yes		EL	No field available to enter this data in AMS.
20	Schedule B-1	Name of Agent or Independent Contractor	Yes	If there is an Agent or IC	EL	No field available to enter this data in AMS.
21a	Schedule B-1	Name and street address of payee	Yes		EL	No field available to enter this data in AMS.
21 b	Schedule B-1	Description of payment	Yes		EL	No field available to enter this data in AMS.
21 c	Schedule B-1	Amount paid	Yes		EL	No field available to enter this data in AMS.
22	Schedule B-1	Amount paid: Total	Yes		EL	No field available to enter this data in AMS.
23 a	Schedule C	Names of Individuals Receiving $1000 or more	Yes		EL	No field available to enter this data in AMS.
23b	Schedule C	Amount this Period	Yes		EL	No field available to enter this data in AMS.

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
23c	Schedule C	Cumulative Since January 1	Yes		EL	No field available to enter this data in AMS.
24a	Schedule D	Name of Candidate or Measure	Yes		EL	No field available to enter this data in AMS.
24b	Schedule D	Checkbox – Support or Oppose	Yes		EL	No field available to enter this data in AMS.
24c	Schedule D	Jurisdication and Office sought by candidate or jurisdiction and ballot measure letter or number	Yes		EL	No field available to enter this data in AMS.

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
Public Desk	Date Stamp	The date stamp includes “Received and Filed.”
Coder/Verifier, Reviewer	FPPC ID#	This is written at the top of the form, and optionally also along the left side in large numbers.
Coder/Verifier, Reviewer	“R” for “Reviewed” and Initials	

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 401, based on the Committee Type.

Authorized Signer	Comments