STATE CANDIDATE-INVOLVED ISSUE ADVOCACY FILER – Application to Obtain Logon Password

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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 Password For a State Candidate-Involved Issue Advocacy Filer

APPLICATION TO OBTAIN LOGON PASSWORD
FOR A STATE CANDIDATE-INVOLVED ISSUE ADVOCACY FILER

1. I, the undersigned, am on record with the Secretary of State as:
(check one; if you are not on record with this office, complete Part 2 of this form)

1

❑ Treasurer/ Asst. Treasurer ❑ Major Donor ❑ Candidate ❑ Controlling Officeholder
❑ State Measure Proponent /Opponent ❑ Individual Donor ❑ Responsible Officer

2 _____ (print full name of committee/filer)

3 _____ (committee ID# if known)

4 _____
(Address) (City) (State) (Zip)

In order to file my required Issue Advocacy disclosure report online, I hereby apply for issuance of an electronic filing password and user identification number.

2. I am a new filing entity with the Secretary of State and have not previously filed any paper or electronic registration or disclosure report with the Political Reform Division. In order to obtain a password and filer identification number for purposes of filing an Issue Advocacy report, the online Form E-530, here is my contact information:

5 _____ (name)

6 (_____)_____ (telephone number)

7 _____ (address) _____ (city) _____ (state) _____ (zip code)

3. All applicants, please complete the following:

8 _____ (signature)

9 (_____)_____ (fax number)

10 _____ (print name of signer, if not provided in #2, above)

11 Subscribed and sworn on _____ (date)

This form must be signed by the entity or representative of the entity who has paid for the issue advocacy advertisement.

Any filing made on behalf of a filer by a vendor or service provider authorized by the filer to make such filings is presumed filed under penalty of perjury by the filer.

Please be sure to include a fax number where we may direct our response.
ID numbers are not issued over the phone or via e-mail.

PLEASE FAX THIS APPLICATION to (916) 653-5045

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	**PART 1 (known to SOS):** Application submittor type: Checkbox	Yes		PC/OC	New Filer/Filer: Title
2	Full name of Committee/Filer	Yes		PC/OC	New Filer/Filer: Name
3	Committee ID No.	Yes	Can search in AMS to obtain this	N/A	New Filer/Filer: ID number
4	Address, City, State, Zip	Yes		PC/OC	New Filer/Filer: Address
5	**PART 2 (New entity to SOS):** Application submittor name	Yes		PC/OC	New Filer/Filer: Name
6	Telephone Number	Yes		PC/OC	New Filer/Filer: Address
7	Address, City, State, Zip	Yes		PC/OC	New Filer/Filer: Address
8	**All applicants:** Attestation: Signature	Yes		EL	No field available to enter this data.
9	Attestation: Fax Number	Yes		PC	No field available to enter this data.
10	Attestation: Printed name of signer	Yes		PC	No field available to enter this data.
11	Attestation: Date	Yes		PC	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
No requirements. An individual can request a Login ID and Password for another filer.	