Form 461 – Major Donor and Independent Expenditure 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 or the filer does not qualify as a Major Donor.
2. Information provided on the Form 461 is “keyed as shown.”
3. If a filer has not met an obligation to file electronically/online, attempt to contact the filer by phone or letter.
4. Any information provided by the filer should also be obtained in writing.
5. Any questions regarding processes should be directed to a PRD supervisor.

Form 461 – Major Donor and Independent Expenditure Committee Review Points – Form and AMS

Major Donor and Independent Expenditure Committee Campaign Statement

Clear Page | Print Form

Date Stamp

CALIFORNIA FORM **461**

Page _____ of _____

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from _____

through _____

Date of election if applicable: (Month, Day, Year)

1. Name and Address of Filer

NAME OF FILER

RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

RESPONSIBLE OFFICER (If filer is other than an individual)

AREA CODE/DAYTIME PHONE

2. Nature and Interests of Filer (Complete each applicable section.)

☐ A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

☐ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☐ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of $100 or more made this period. (Part 5.) ..... $ _____
2. Unitemized expenditures and contributions (including loans) under $100 made this period ..... $ _____
3. Total expenditures and contributions made this period. (Add Lines 1 + 2.) ..... **SUBTOTAL** $ _____
4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) ..... $ _____
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.) ..... **TOTAL** $ _____

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 INDIVIDUAL DONOR OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL)

☐ Amendment (Explain): _____

FPPC Form 461 (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

Form 461 – Major Donor and Independent Expenditure Committee Review Points – Form and AMS

Clear Page | Print Form

Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

1

Statement covers period
from _____
through _____

CALIFORNIA FORM **461**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

6

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
20	21 22	☐ Monetary Contribution ☐ Loan ☐ Non-Monetary Contribution ☐ Independent Expenditure	23	24 25 ☐ Support ☐ Oppose	26	27
		☐ Monetary Contribution ☐ Loan ☐ Non-Monetary Contribution ☐ Independent Expenditure		☐ Support ☐ Oppose		
		☐ Monetary Contribution ☐ Loan ☐ Non-Monetary Contribution ☐ Independent Expenditure		☐ Support ☐ Oppose		
		☐ Monetary Contribution ☐ Loan ☐ Non-Monetary Contribution ☐ Independent Expenditure		☐ Support ☐ Oppose		
				SUBTOTAL $		28

Form 461 – Major Donor and Independent Expenditure Committee
Review Points – Form and AMS

DATA ELEMENTS

This section provides guidance for reviewing the Form 461, 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 (sent for Initial only. No letters are sent for Amendments0
OC – Other contact (email, fax)
SB – Sendback Letter

No.	Data Element	Required: Yes/No		Comments	Action if missing/ incomplete/ *MOC		AMS Data Entry
		Initial	Amend		Initial	Amend	
1	Statement covers period (From – Through)	Yes	Yes	Can be obtained elsewhere and penciled in	N/A	N/A	Log Filings
2	Date of election if applicable (Month, Day, Year)	No	No		N/A	N/A	Filer: Attributes
3	Date Stamp	Yes	Yes	Date stamped by Public Desk	N/A – refer to Public Desk	N/A – refer to Public Desk	Various dates
4	Page _ of _	No	No				No field available to enter this data.
5	**Name and Address of Filer:** Name of Filer	Yes	Yes	Enter the data into AMS as shown on the document	EL	N/A	Filer: Name
6	**Name and Address of Filer:** Residential or Mailing Address (No. and Street)	Yes	Yes	A P.O. Box is acceptable.	EL	N/A	Filer:Address
7	**Name and Address of Filer:** City, State ZipCode	Yes	Yes				Filer:Address
8	**Name and Address of Filer:** Responsible Offier (If filer is other than an individual)	Yes	Yes				Filer: Name
9	**Name and Address of Filer:** Area Code/Daytime Phone	No	No		N/A		Filer:Phone
10	**Nature and Interests of Filer:** Checkbox for Individual – Employer/Self-Employed	Yes	Yes, if changed	Must select one of the 4 options.	N/A		No field available to enter this data.
11	**Nature and Interests of Filer:** Name of Employer/Business	Yes – if box selected	Yes, if changed		EL		No field available to enter this data.
12	**Nature and Interests of Filer:** Business Interests	Yes – if box selected	Yes, if changed		EL		No field available to enter this data.
13	**Nature and Interests of Filer:** Address of Employer/Business	Yes – if box selected	Yes, if changed		EL		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		Initial	Amend	
14	**Nature and Interests of Filer:** Checkbox for Business Entity – Business Activity	Yes – if box selected	Yes, if changed		EL		No field available to enter this data.
15	**Nature and Interests of Filer:** Checkbox for Association - Interests	Yes – if box selected	Yes, if changed		EL		No field available to enter this data.
16	**Nature and Interests of Filer:**Checkbox for Common Economic of Group or Entity (not an individual, business entity or association)	Yes – if box selected	Yes, if changed		EL	N/A	No field available to enter this data.
17	**Summary**	Yes	Yes, if changed	Line 1 – required if applicable Line 2 – required if applicable Line 3 – total of lines 1 and 2 (even if zero) Line 4 – required if applicable (if statement previously filed in the same year) Line 5 – total of lines 3 and 4. • If Line 5 is zero, there is no need to file, and Form 461 is sent back.	EL	N/A	No field available to enter this data.
18	**Verification:** Date and Signature	Yes	Yes		SB if signature is missing; EL if other signature issue	SB if signature is missing; EL if other signature issue	No field available to enter this data.
19	Checkbox: Amendment (Explain)	No	Yes	This indicates that the Form 461 is an amendment; otherwise it is entered into AMS as an Initial filing.	N/A	N/A	No field available to enter this data.
20	**Contributions:** Date	Yes	Yes	Must be in the current reporting period. Date can consist of MM/DD – year is not required.	EL	N/A	No field available to enter this data.
21	**Contributions:** Name, Street Address, City, State and Zip Code of Payee. (If committee, also enter ID number)	Yes	Yes	A P.O. Box is not acceptable FPPC ID# or Treasurer's name and address is required.	EL		No field available to enter this data.
22	**Contributions:** Type of Payment checkbox	Yes – see comment	Yes – see comment	Required if Non-Monetary Contribution or Independent Expenditure	EL		No field available to enter this data.
23	**Contributions:** Description of Payment (If other than monetary contribution or loan)	Yes	Yes		EL (minor)		No field available to enter this data.
24	**Contributions:** Candidate and Office, Measure and Jurisdiction, or Committee	Yes	Yes	Required for all Ind Exp	EL if Ind Exp		No field available to enter this data.
25	**Contributions:** Checkboxes -Support or Oppose	Yes	Yes	Required for all Ind Exp	EL if Ind Exp		No field available to enter this data.
26	**Contributions:** Amount this period	Yes	Yes		EL		No field available to enter this data.

No.	Data Element	Required: Yes/No		Comments	Action if missing/ incomplete/ *MOC		AMS Data Entry
		Initial	Amend		Initial	Amend	
27	**Contributions:** Cumulative amount related to this candidate, measure, or committee	Yes – if filing online	Yes	If filing paper form – this is not required.	N/A		No field available to enter this data.
28	**Contributions:** Subtotal $	No	No	Can be found elsewhere	N/A		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
Public Area	Date Stamp	
Major Donor Reviewer	FPPC ID #	
Major Donor Reviewer	Initials	
Major Donor Reviewer	R – Reviewed L - Logged E - Exception	In OUO box
Major Donor Reviewer	PM and date postmarked	Used to identify late filers. Located with date stamp.

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 461.

Signatory	Authorized Signer	Comments
If the Major Donor is an individual	Individual	
If the Major Donor is other than an individual	Responsible Officer	