Form 450 – Recipient Committee Campaign Statement – Short Form

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

GENERAL INFORMATION:

1. 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.).
2. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter.
3. Process initial (original) forms first, then amendments. Initial forms take priority.
4. Any questions regarding processes should be directed to a PRD manager.

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

SHORT FORM

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

1

Statement covers period
from
through

2

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

Date Stamp

CALIFORNIA FORM 450

Page ____ of ____

For Official Use Only

3

5

4

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
- ☐ Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- ☐ Pre-election Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☐ Quarterly Statement
- ☐ Special Odd-year Report
- ☐ Amendment (Explain) _____
  (Also check type of statement you are amending)

8

6

3. Committee Information

I.D. NUMBER

7

COMMITTEE NAME

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing 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.

9

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

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

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

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

Clear Cover Pg | Print Form | Specify pages to print

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

1

SHORT FORM

Recipient Committee Campaign Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from
through

CALIFORNIA FORM **450**

Page of

3

7a NAME OF COMMITTEE

I.D. NUMBER 6

10

Expenditures Made

1. Expenditures of $100 or more made this period ..... $
2. Expenditures under $100 made this period (Not itemized.) .....
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... *Add Lines 1 + 2* $
4. Nonmonetary Adjustment ..... *From Line 8 Below*
5. Total expenditures made from previous statement ..... *Previous Summary Page, Line 6* $
   (If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE ..... *Add Lines 3 + 4 + 5* $

11

Contributions Received

7. Monetary contributions received this period ..... $
8. Non-monetary contributions received this period .....
9. Total contributions received from previous statement ..... *Previous Summary Page, Line 10* $
   (If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... *Add Lines 7 + 8 + 9* $

12

Current Cash Statement

11. Beginning cash balance ..... *Previous Summary Page, Line 15* $
12. Cash receipts this period ..... *Line 7 above*
13. Miscellaneous increases to cash ..... $
14. Cash expenditures this period ..... *Line 3 above*
15. **ENDING CASH BALANCE THIS PERIOD** ..... *Add Lines 11 + 12 + 13, then subtract Line 14* $

Clear Summ Pg Print Form Specify pages to print

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

1

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded to whole dollars.

Statement covers period
from _____
through _____

SHORT FORM
CALIFORNIA FORM **450**

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

8a

I.D. NUMBER

6

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

13

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year $ _____ Other $ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year $ _____ Other $ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year $ _____ Other $ _____
				SUBTOTAL $	

14

* Required only for payments which are contributions or independent expenditures.

Clear Page | Print Form | Specify pages to print

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

DATA ELEMENTS

This section provides guidance for reviewing the Form 450, 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

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Short Form p1 Summary Page p2 Short Form p3	Statement covers period from ___ through ___	Yes	**REVIEW:** Check against Date Stamp to determine whether form was filed late.	EL	Filer: Filings Tab
2	Short Form p1	Date of election, if applicable (Month, Day, Year)	Conditional – Yes		EL	No field available to enter this data.
3	Short Form p1 Summary Page p2 Short Form p3	Page ___ of ___	No		N/A	No field available to enter this data.
4	Short Form p1	Type of Recipient Committee checkbox	Yes		EL	Filer page: Attribute - Type
5	Short Form p1	Type of Statement checkbox	Yes		EL	Filer: Filings Tab
6	Short Form p1 Summary Page p2 Short Form p3	Committee Information: ID Number	Yes	REVIEW: Should already be written in by the Coding desk	EL	Search page
7a	Short Form p1 Summary Page p2 Short Form p3	Committee Information: Committee Name	Yes	REVIEW: Must match Name associated with ID Number	EL	Filer/Add Filer: Name
7b	Short Form p1	Committee Information: Street Address	Yes		EL	Filer/Add Filer: Address

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
7c	Short Form p1	Committee Information: City, State, Zip Code	Yes		EL	Filer/Add Filer: Address
7d	Short Form p1	Committee Information: Area Code/Phone	Yes		EL	Filer/Add Filer: Phone
7e	Short Form p1	Committee Information: Mailing Address (if different): No and Street or P.O. Box	Yes		EL	Filer/Add Filer: Address
7f	Short Form p1	Committee Information: City, State, Zip Code	Yes		EL	Filer/Add Filer: Address
7g	Short Form p1	Committee Information: Area Code/Phone	Yes		EL	Filer/Add Filer: Phone
7h	Short Form p1	Committee Information: Fax/Email Address	Yes		EL	Filer/Add Filer: Fax Number, Email address
8a	Short Form p1	Treasurer(s): Name of Treasurer	Yes		EL	Filer/Add Filer: Name
8b	Short Form p1	Treasurer(s): Mailing Address	Yes		EL	Filer/Add Filer: Address
8c	Short Form p1	Treasurer(s): City, State, Zip Code	Yes		EL	Filer/Add Filer: Address
8d	Short Form p1	Treasurer(s): Area Code/Phone	Yes		EL	Filer/Add Filer: Phone
8e	Short Form p1	Treasurer(s): Name of Assistant Treasurer, if any	Yes		EL	Filer/Add Filer: Name
8f	Short Form p1	Treasurer(s): Mailing Address	Yes		EL	Filer/Add Filer: Address
8g	Short Form p1	Treasurer(s): City, State, Zip Code	Yes		EL	Filer/Add Filer: Address
8h	Short Form p1	Treasurer(s): Area Code/Phone	Yes		EL	Filer/Add Filer: Phone
8i	Short Form p1	Treasurer(s): Fax/Email Address	No		N/A	Filer/Add Filer: Fax Number, Email address
9a	Short Form p1	Verification: Execution Date	Yes		EL	No field available to enter this data.
9b	Short Form p1	Verification: Signature	Yes	Must match Name of Treasurer in AMS	SB if signature missing EL if other signature issue	No field available to enter this data.

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
10.1	Summary Page p2	Expenditures Made: Expenditures of $100 or more this period				No field available to enter this data.
10.2	Summary Page p2	Expenditures Made: Expenditures under $100 made this period (not itemized)				No field available to enter this data.
10.3	Summary Page p2	Expenditures Made: SUBTOTAL EXPENDITURES MADE THIS PERIOD	Yes	Can be $0. If not $0, check Section 5. Payments Made to evaluate whether payments listed there met thresholds or timeframes per FPPC filing schedule Use the higher amount from this subtotal OR the sum of (7) and (8) below as the limit for assessing fine		No field available to enter this data.
10.4	Summary Page p2	Expenditures Made: Nonmonetary Adjustment				No field available to enter this data.
10.5	Summary Page p2	Expenditures Made: Total expenditures made from previous statement (*If this is the first statement for the calendar year, enter zerio)*				No field available to enter this data.
10.6	Summary Page p2	Expenditures Made: TOTAL EXPENDITURES MADE TO DATE				No field available to enter this data.

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
11.7	Summary Page p2	Contributions Received: Monetary contributions received this period		Can be $0. If not $0, add this to (8) below. Use the sum to evaluate whether payments listed there met thresholds or timeframes per FPPC filing schedule Use the higher amount from the sum of (7) and (8) OR (6) above as the limit for assessing fine		No field available to enter this data.
11.8	Summary Page p2	Contributions Received: Non-monetary contributions received this period		Can be $0. If not $0, add this to (7) above. Use the sum to evaluate whether payments listed there met thresholds or timeframes per FPPC filing schedule		No field available to enter this data.
11.9	Summary Page p2	Contributions Received: Total expenditures made from previous statement (*If this is the first statement for the calendar year, enter zerio)*	Conditional	If data appears in this section, must include minimum: 9, 10, 11 AND 13 in this table Refer to FPPC filing schedule to evaluate any additional filing requirements		No field available to enter this data.

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
11.10	Summary Page p2	Contributions Received: TOTAL CONTRIBUTIONS RECEIVED TO DATE	Conditional	If data appears in this section, must include minimum: 9, 10, 11 AND 13 in this table Refer to FPPC filing schedule to evaluate any additional filing requirements		No field available to enter this data.
12.11	Summary Page p2	Current Cash Statement: Beginning cash balance	Conditional	If data appears in this section, must include minimum: 9, 10, 11 AND 13 in this table Refer to FPPC filing schedule to evaluate any additional filing requirements		No field available to enter this data.
12.12	Summary Page p2	Current Cash Statement: Cash receipts this period	Conditional	Depends on what kind of payment the filer is making. If payment in 10 is to a candidate, officeholder or ballot measure committee, this cannot be blank Refer to FPPC filing schedule to evaluate any additional filing requirements		No field available to enter this data.

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
12.13	Summary Page p2	Current Cash Statement: Miscellaneous increases to cash	Conditional	If data appears in this section, must include minimum: 9, 10, 11 AND 13 in this table Refer to FPPC filing schedule to evaluate any additional filing requirements		No field available to enter this data.
12.14	Summary Page p2	Current Cash Statement: Cash expenditures this period	Conditional			No field available to enter this data.
12.15	Summary Page p2	Current Cash Statement: ENDING CASH BALANCE THIS PERIOD	Conditional			No field available to enter this data.
13a	Short Form p3	Payments Made: Date (required only for payments which are contributions or independent expenditures)	Conditional			No field available to enter this data.
13b	Short Form p3	Payments Made: Name and Address of Payee (If committee, also enter ID number)	Conditional			No field available to enter this data.
13c	Short Form p3	Payments Made: Description of Payment	Conditional			No field available to enter this data.
13d	Short Form p3	Payments Made: Name of Candidate and Office or Name of Ballot Measure and Ballot Number of Letter and Jurisdiction	Conditional			No field available to enter this data.
13e	Short Form p3	Payments Made: Support/Oppose checkboxes	Conditional			No field available to enter this data.

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
13f	Short Form p3	Payments Made: Contribution/Ind. Exp checkboxes	Conditional			No field available to enter this data.
13g	Short Form p3	Payments Made: Amount this Period	Conditional			No field available to enter this data.
13h	Short Form p3	Payments Made: Cumulative Amounts to Date – Calendar Year	Conditional			No field available to enter this data.
13i	Short Form p3	Payments Made: Cumulative Amounts to Date – Other	Conditional			No field available to enter this data.
14a	Short Form p3	Amount this Period: Subtotal	Conditional			No field available to enter this data.
14b	Short Form p3	Cumulative Amounts to Date: Subtotal	Conditional			No field available to enter this data.

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and 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
Reviewer	L (for "Logging") – initials e.g. L-MP	Indicates the form has been coded.
Public Desk	Date Stamp	**CODING**: This is the date that PRD received the form. Check to see if this form was filed late. If late, it still gets coded, then placed on the Late shelf near the Fine Desk. If this is blank (very rare), use the date stamp equipment from the Public Desk to apply a date stamp. There are two date stamps at the Public Desk. Use the appropriate stamp to indicate whether it was received by mail or hand delivered **REVIEW:** For both electronic and paper forms. Check against Statement Covers Period to see if the form was filed late per the filing schedule for campaign [see FPPC website for filing schedule]

Form 450 – Recipient Committee Campaign Statement
Short Form
Review Points – Form and AMS

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 450, based on the Committee Type.

Authorized Signer	Comments