# Slate Mailer Organization Campaign Statement

CALIFORNIA 401

The Form 401 is for use by Slate Mailer Organizations to disclose payments made and received in connection with producing slate mailers.

A "slate mailer" is a mass mailing which supports or opposes a total of four or more candidates or ballot measures.

A "Slate Mailer Organization" is any individual or entity which, directly or indirectly, does both of the following:

- Is involved in the production of one or more slate mailers and exercises control over the selection of the candidates and measures to be supported or opposed in the slate mailers.
- (2) Receives or is promised payments totaling five hundred dollars (\$500) or more in a calendar year for the production of one or more slate mailers.

#### "Slate Mailer Organization" does not include:

- A candidate or officeholder or a candidate's or officeholder's controlled committee.
- An official committee of any political party.
- A legislative caucus committee.
- A committee primarily formed to support or oppose a candidate, officeholder or ballot measure.

#### The Form 401 maybe filed:

- As a semi-annual statement
- As a pre-election statement

Refer to the <u>Information Manual On Campaign</u> <u>Disclosure Provisions of The Political Reform Act</u> <u>For Slate Mailer Organizations</u> for information about when and where to file the Form 401.

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Ca	ate Mailer Organization ampaign Statement overnment Code Sections 84218 - 84219)		nk	Date Stamp	CALIFORNIA 401	
SEE INSTRUCTIONS ON REVERSE		Statement covers period		Page of For Official Use Only		
				from		Tor official coo only
				through		
Γ	Slate Mailer Organizatio			II Is This A Go	eneral Purpose Committ	ee?
	FULL NAME OF SLATE MAILER ORGANIZA	ATION:	ID NUMBER	Government Code S	rganization is also a "general purp section 82027.5, check box and atter report to this statement.	
	ADDRESS	NO. AND STREET		_ campaign disclosure	report to this statement.	
	CITY STATE	ZIP CODE	PHONE NUMBER	Committee R Attached	· I	nber if ent Committee
	NAME OF TREASURER			-		
	ADDRESS	NO. AND STREET		-		
	CITY STATE	ZIP CODE	DAYTIME PHONE NUMBER	-		
III	Summary of Payments			(A) Total	(B) Cumulative to Date (Since January 1 of	
				This Period (Si caler		
	1. TOTAL PAYMENTS RECEIVED			\$ Sch. A, Line 3	\$	
	2. TOTAL PAYMENTS MADE			,	\$	
	2. 101/121/11/1211/01/1/182			Sch. B, Line 3	Ψ	
ΙV	Verification					
	I have used all reasonable dilig and in the attached schedules i					
	Executed on	At	CITY AND STATE	Ву	SIGNATURE OF RESPONSIBLE (	DFFICER
	Name of Responsible Officer	TYPE O	OR PRINT	Title		

## **Period Covered by Statement:**

The period covered begins on the day after the closing date of the last campaign statement filed. If no previous statement has been filed, the period begins on January 1 of the calendar year covered by the statement.

# **Committee Campaign Statements:**

If the Slate Mailer Organization is also a "general purpose committee" (including a recipient committee, independent expenditure or major donor committee), you must attach the most recent committee campaign statement (Form 420, 450 or 461) filed covering the current calendar year. If the organization is a recipient committee, enter its committee I.D. Number in the appropriate space on the Form 401 cover page.

## **Summary of Payments:**

## **Total Payments Received (Line 1)**

In Column A, enter the total payments received during the period covered by the statement for the purpose of producing slate mailers. This should be the same as the amount contained on Line 3 of the Summary section of Schedule A. In Column B, enter the cumulative amount of payments received since January 1 of the calendar year covered by the statement for the purpose of producing slate mailers.

#### **Total Payments Made (Line 2)**

In Column A, enter the total amount of payments made during the period covered by the statement <u>in connection with producing slate mailers</u>. This should be the same as the amount contained on Line 3 of the Summary section of Schedule B. In Column B, enter the cumulative amount of payments made since January 1 of the calendar year covered by the statement <u>in connection with producing slate mailers</u>.

#### Verification:

If the filer is an individual, the statement must be signed by the filer. If the filer is an entity or other organization, a responsible officer of the entity or organization, or an attorney or certified public accountant acting as the entity's or organization's agent, must sign the statement.

Calaadiil	I.a. A					SCHEDULE A
Schedule A Payments Received			overs period	CALIFORI 1992 FOR		
			from		_ 1002101	
SEE INSTRUCTIONS ON REVERSE			through		Page of	
NAME OF SLAT	E MAILER ORGANIZATION:		_		I.D. NUMBER	
(1)	(2)	(3)			(4)	(5)
DATE RECEIVED			CHECK BOX TO PAYMENT WAS SUPPORT O CANDIDATE O INCLUDED IN S	O INDICATE IF RECEIVED TO R OPPOSE R MEASURE	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
			SUPPORT	OPPOSE		OR MEASURE
Summary	_		l	SUBTOTAL	\$	
1. Amoun	t Received – Payments of \$100 or Mor	e	\$			
2. Amoun	t Received – Payments of Less than \$1					
3. Total Pa	ayments Received (Line 1 + Line 2) En n A, Line 1, of the Summary of Paymen	ter here and in its section on Page 1	\$			

# Instructions for Completing Schedule A Payments Received

Schedule A is used to report all payments received in connection with producing slate mailers. If payments received from a single source during the period covered by the statement equal \$100 or more, the following information must be reported:

- The date received (Column 1).
- If payments of \$100 or more were received during the period from <u>candidates and committees</u>, Column (2) must include:
  - The name and street address of the candidate or committee.
  - The committee's identification number if the payment was received from a committee.
  - The jurisdiction and office sought or held by a candidate or officeholder making a payment, or
  - The jurisdiction and ballot letter or number if paid by a committee formed to support or oppose a ballot measure.
- If payments of \$100 or more are received during the period from persons <u>other than a candidate</u> <u>or committee</u>, Column (2) must include:
  - The full name and street address of the payor.
  - If the payor is an individual, the name of the individual's employer or, if self-employed, the name of the business.

- If payments of \$100 or more were received during the period from persons other than the candidate supported or opposed in a slate mailer, or other than the committee primarily formed to support or oppose a ballot measure, Column (3) must include:
  - The name, office sought, and jurisdiction of the candidate supported or opposed, or the name, jurisdiction, and number or letter of the ballot measure supported or opposed (Column (a)); and
  - An indication whether the payment received was in support of or opposition to the candidate or measure (Column (b)).
- The amount received during the period covered by the report from each payor (Column 4).
- The cumulative amount of payments received from each payor on behalf of or in opposition to each candidate or measure included in a slate mailer since January 1 of the calendar year covered by the statement (Column 5).

Summarize at the bottom of Schedule A all payments received during the period for the purpose of producing slate mailers. Payments of less than \$100 need only be reported as a lump sum amount.

Schedule A
Payments Received
(Continuation Sheet)

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Statement covers period from	CALIFORNIA 401
through	Page of
_	I.D. NUMBER

NAME OF SLATE MAILER ORGANIZATION:

(1)	(2)			(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD	(a)  NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	(b)  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
			SUPPORT OPPOSE	1	OR MEASURE
			SUBTOTAL	\$	

SUBTOTAL \$

Schedule B Payments Made		Statement covers period from	CALIFORNIA 401
SEE INSTRUCTIONS ON REVERSE		through	Page of
NAME OF SLATE MAILER ORGANIZATION:			I.D. NUMBER
NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION O	FPAYMENT	AMOUNT PAID

# Summary

- Payments of \$100 or More (Include all Schedule B subtotals) ......\$\_
- Payments under \$100 This Period (Not Itemized) ......\$\_

Schedule B is used to report all payments made by the organization in connection with producing slate mailers. For each person to whom a payment of \$100 or more has been made during the period covered by the campaign statement, the following information must be provided:

- The full name and street address of the payee.
- A brief description of the product(s) or service(s) received.
- The amount paid during the period.

If the organization makes payments to an agent or independent contractor who makes payments on behalf of the organization, the following information must be provided on the organization's campaign statement:

- The name, address, description of payment, and amount paid during the period to the agent or independent contractor; and
- The name, address, description of payment, and amount paid during the period to persons who received \$100 or more from the agent or independent contractor.

Schedule B-1 may be used to report payments made by an agent or independent contractor.

Summarize at the bottom of Schedule B all payments made in connection with producing slate mailers. Report in a lump sum all payments made to persons who received less than \$100 during the period.

Schedule B-1 SCHEDULE B-1 **Payments Made By An Agent or** Statement covers period CALIFORNIA **Independent Contractor on Behalf of** 1992 FORM A Slate Mailer Organization through \_\_ I.D. NUMBER NAME OF SLATE MAILER ORGANIZATION: NAME OF AGENT OR INDEPENDENT CONTRACTOR: AMOUNT PAID NAME AND STREET ADDRESS OF PAYEE DESCRIPTION OF PAYMENT

\*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.

TOTAL\*

Schedule C
<b>Persons Receiving</b>
\$1000 or More

Statement covers period from	CALIFORNIA 401
through	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

through \_\_\_\_\_\_

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.)

NAMES OF INDIVIDUALS RECEIVING \$1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1
	I .	<u> </u>

You must list on Schedule C each individual who is listed on the organization's Statement of Organization (Form 400) (the treasurer and other principal officers, and individuals who have final decision making authority as to which candidates or measures will be supported or opposed in the organization's slate mailers) who received, directly or indirectly, \$1,000 or more from the organization during the period. (NOTE: Only individuals who are listed on the Statement of Organization are reported on Schedule C.)

A payment is made "indirectly" to an individual if it is intended for the benefit of or use by that individual or a member of his or her immediate family. A payment also is made "indirectly" to an individual if it is made to a business entity in which the individual or a member of his or her immediate family is a partner, shareholder, owner, director, trustee, or in which the individual or member of his or her immediate family has an investment of \$1,000 or more. (Note: This does not apply to payments made to a business entity whose securities are publicly traded.)

"Indirect" payments also include rebates or refunds paid to an individual listed on the Statement of Organization from vendors or other subcontractors who received payments from the organization.

For each individual who must be listed on Schedule C, provide the following information:

- His or her full name.
- The amount of direct and indirect payments made to the individual during the period.
- The cumulative amount of direct and indirect payments made to the individual since January 1 of the calendar year covered by the statement.

#### SCHEDULE D

# Schedule D Candidates and Measures Not Listed on Schedule A

Statement covers period from	CALIFORNIA 401
through	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

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).

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

# Instructions for Completing Schedule D Candidates and Measures Not Listed on Schedule A

CALIFORNIA 401

Schedule D is used to report candidates and measures which have been supported or opposed in a slate mailer produced by the organization, but for which the organization did not receive a payment of \$100 or more (either from the candidate or a committee formed to support or oppose the candidate or measure, or from any other person). For each such candidate or measure, provide the following information:

- The name of the candidate or measure.
- An indication whether the candidate or measure was supported in a slate mailer or was opposed in a slate mailer.
- The jurisdiction and office sought by the candidate, or the jurisdiction and ballot measure letter or number of the measure.