

## Who Files:

A committee must file this report if either of the following expenditures is made to a spokesperson:

- The committee makes expenditures **totaling \$5,000** or more to an individual for his or her appearance in a printed, televised, or radio advertisement, or in a telephone message, that supports or opposes the qualification, passage or defeat of a state or local ballot measure.
- The committee makes expenditures of **any amount** to an individual for his or her appearance in a printed, televised, or radio advertisement, or in a telephone message, that supports or opposes the qualification, passage, or defeat of a state or local ballot measure and the advertisement states or suggests that the individual is a member of an occupation that requires licensure, certification, or other specialized, documented training as a prerequisite to engage in that occupation.

## When to File:

A committee that makes an expenditure identified above must file the Form 511 within 10 days. An expenditure is made on the date the payment is made or the date the services are received, if any, whichever is earlier.

## Where to File:

**State Committees:** File Form 511 with the Secretary of State. Committees required to E-file must also file a paper version.

**Local Committees:** File Form 511 in the same location the committee files its regular campaign statements (Form 460 or Form 461).

## Completing the Form 511:

- Disclose the committee's name, street address, telephone number, and email address. Recipient committees must include the committee ID number issued by the Secretary of State.
- Disclose the date of the expenditure or the date services were received, whichever is earlier.
- Disclose the name and address of the spokesperson. In addition, the occupation of a spokesperson is required when an expenditure of any amount is paid to an individual for his or her appearance in an advertisement that supports or opposes the qualification, passage, or defeat of a state or local ballot measure and the advertisement states or suggests that the individual is a member of an occupation that requires licensure, certification, or other specialized, documented training as a prerequisite to engage in that occupation.

- Disclose the name of the ballot measure, the measure's letter or number, and the jurisdiction (e.g., state, city, county). Mark the "Support" or "Oppose" box.
- Disclose the total amount of the expenditure.
- Sign and date the verification.

## Amendments:

To amend a previously filed Form 511, mark the amendment box and provide a clear and brief description of the amendment. Complete the committee's name and address field, disclose the amended information, and sign and date the verification.

## Disclaimer on Ad:

The Political Reform Act requires specific disclaimers on advertisements that feature paid spokespersons. See Government Code Section 84511. The FPPC website also contains information on political advertisement disclaimers.

This form was prepared by the Fair Political Practices Commission (FPPC). Copies of FPPC forms and informational materials are also available on the FPPC website ([www.fppc.ca.gov](http://www.fppc.ca.gov)).

# Paid Spokesperson Report

Type or print in ink. Amounts may be rounded to whole dollars.

Date Stamp

**CALIFORNIA FORM 511**

For Official Use Only

NAME OF FILER		ID # (if required)
AREA CODE/PHONE NUMBER	E-MAIL (Optional)	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Amendment (explain)

## Payments Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF SPOKESPERSON (OCCUPATION MAY BE REQUIRED - SEE INSTRUCTIONS)	BALLOT MEASURE SUPPORTED OR OPPOSED (INCLUDE BALLOT NUMBER OR LETTER AND JURISDICTION)	AMOUNT
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

## Verification

I have used all reasonable diligence in preparing this report. I have reviewed the report 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 TREASURER/ASSISTANT TREASURER/FILER