

# Campaign Filing Officer Video



Presented by  
External Affairs and Education Division  
Fair Political Practices Commission  
866-275-3772  
[advice@fppc.ca.gov](mailto:advice@fppc.ca.gov)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

The following slides are visual aids used in FPPC videos only. They contain only highlights of selected provisions of the law; they do not carry the weight of the law.

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## The Fair Political Practices Commission

In the wake of the Watergate scandal, California voters passed Proposition 9 in 1974, known today as the Political Reform Act (the Act).

The FPPC was created to:

- Administer and enforce the Act, which includes laws related to campaign finance, conflicts of interest, and lobbying activity
- Inform and assist candidates and public officials in complying with these laws

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## What We'll Cover Today

- Filing Officer Duties
- Committee Types
- Filing Schedules
- Campaign Statements
- Statement Logs
- Reviewing Statements
- Public Access
- Retention
- Non-Filers
- After the Election
- FPPC Website

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## Filing Officer Duties

- Supply current forms & manuals
- Receive & review campaign statements
- Maintain a statement log & determine if filers have filed the required statements
- Request & accept amendments
- Notify non-filers & assess or waive late fines
- Refer non-filers to Enforcement
- Provide public access

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## Recipient Committee Types

**Candidate Controlled Committees** receive contributions to support the candidate's election.

**General Purpose Committees** receive contributions to support or oppose multiple candidates and/or ballot measures.

### Primarily Formed

Ballot Measure Committees receive contributions to support or oppose one or more ballot measures being voted on in the same election.

Candidate Committees receive contributions to support or oppose a candidate or a group of local candidates being voted on in the same election but are not controlled by a candidate.

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## Non-Recipient Committee Types

**Major Donor Committees** are donors (e.g., individuals or businesses) that contribute \$10,000 or more in a calendar year to candidates and committees.

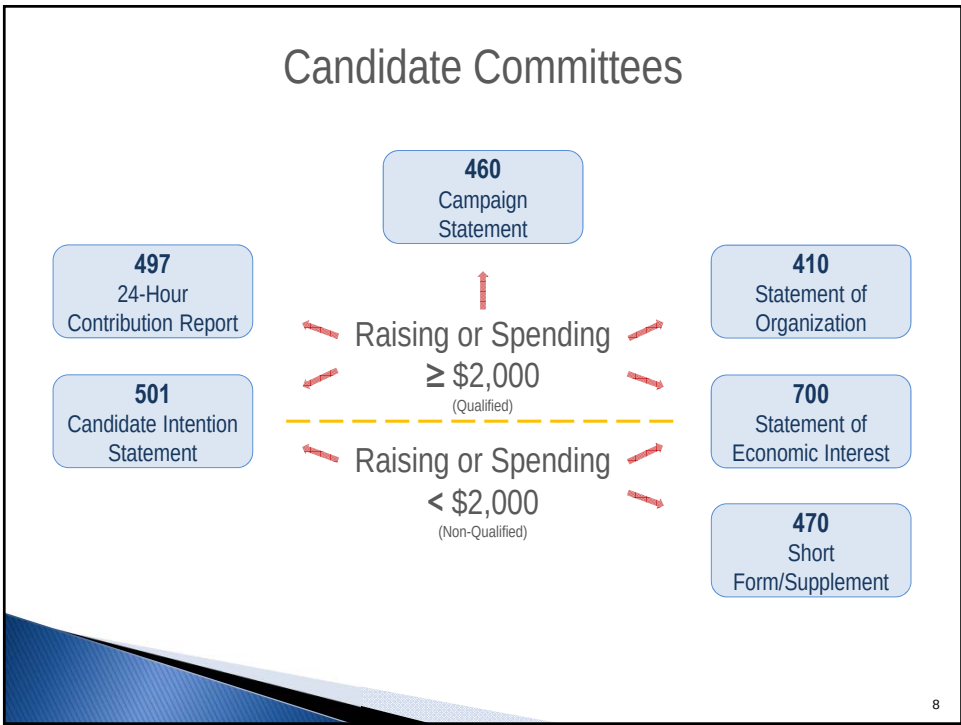
**Independent Expenditure Committees**, without coordinating with the affected candidate or measure committee, make expenditures totaling \$1,000 or more in a calendar year for communications that expressly advocate support or opposition of the candidate or measure.

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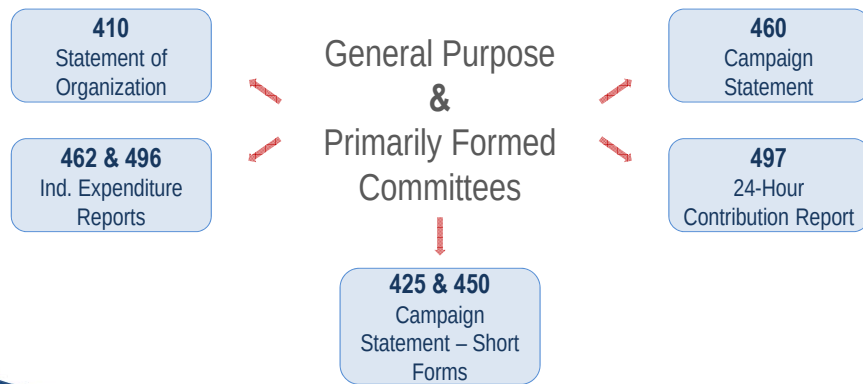
# Commonly Used Forms

|                                                         | Candidate Committee | Non-Qualified Candidate Committee | General Purpose Committee | Primarily Formed Committee | Major Donor Committee | Independent Expenditure Committee |
|---------------------------------------------------------|---------------------|-----------------------------------|---------------------------|----------------------------|-----------------------|-----------------------------------|
| <b>501</b><br>Intention Statement                       | •                   | •                                 |                           |                            |                       |                                   |
| <b>470</b><br>Campaign Statement Short Form/Supplement  |                     | •                                 |                           |                            |                       |                                   |
| <b>410</b><br>Statement of Organization                 | •                   |                                   | •                         | •                          |                       |                                   |
| <b>460</b><br>Campaign Statement                        | •                   |                                   | •                         | •                          |                       |                                   |
| <b>497</b><br>24/hr Contribution Report                 | •                   |                                   | •                         | •                          | •                     |                                   |
| <b>425 or 450</b><br>Campaign Statements                |                     |                                   | •                         | •                          |                       |                                   |
| <b>461</b><br>Campaign Statement                        |                     |                                   |                           |                            | •                     | •                                 |
| <b>462 &amp; 496</b><br>Independent Expenditure Reports |                     |                                   | •                         | •                          | •                     | •                                 |
|                                                         | Recipient           |                                   |                           |                            | Non-Recipient         |                                   |

# Candidate Committees

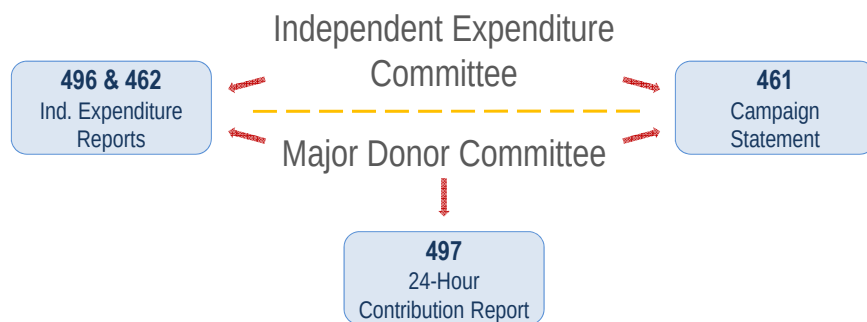


## General Purpose & Primarily Formed Committees



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## Independent Expenditure & Major Donor Committees



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## Filing Schedule

### Fair Political Practices Commission Filing Schedule for Candidates and Controlled Committees for Local Office Being Voted on November 8, 2016

| Deadline                                                  | Period              | Form                                       | Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------|---------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aug 1, 2016</b><br><i>Semi-Annual</i>                  | * – 6/30/16         | <a href="#">460</a>                        | <ul style="list-style-type: none"> <li>All committees must file Form 460.</li> <li>The July 31 deadline falls on a Sunday, so the deadline is extended to the next business day.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Within 24 Hours</b><br><i>Contribution Reports</i>     | 8/10/16 – 11/8/16   | <a href="#">497</a>                        | <ul style="list-style-type: none"> <li>File if a contribution of \$1,000 or more in the aggregate is received from a single source.</li> <li>File if a contribution of \$1,000 or more in the aggregate is made to <i>another</i> candidate or ballot measure being voted on the November 8 ballot or to a political party committee.</li> <li>The recipient of a non-monetary contribution of \$1,000 or more must file a Form 497 within 48 hours from the time the contribution is received.</li> <li>File by personal delivery, e-mail, guaranteed overnight service, fax or online, if available.</li> </ul> |
| <b>Sep 29, 2016</b><br><i>1<sup>st</sup> Pre-Election</i> | 7/1/16 – 9/24/16    | <a href="#">460</a> or <a href="#">470</a> | <ul style="list-style-type: none"> <li>Each candidate listed on the ballot must file either Form 460 or Form 470 (see below).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Oct 27, 2016</b><br><i>2<sup>nd</sup> Pre-Election</i> | 9/25/16 – 10/22/16  | <a href="#">460</a>                        | <ul style="list-style-type: none"> <li>All committees must file this report.</li> <li>Paper copies must be filed by personal delivery or guaranteed overnight service only.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Jan 31, 2017</b><br><i>Semi-Annual</i>                 | 10/23/16 – 12/31/16 | <a href="#">460</a>                        | <ul style="list-style-type: none"> <li>All committees must file unless the committee filed termination Forms 410 and 460 before December 31, 2016.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

- Local Ordinance:** Always check on whether additional local rules apply.
- \* Period Covered:** The period covered by any statement begins on the day after the closing date of the last statement filed, or January 1, if no previous statement has been filed.
- Filing Deadlines:** Deadlines are extended when they fall on a Saturday, Sunday, or an official state holiday. This extension does not apply to 24-hour independent expenditure reports (Form 496) and the deadline for the Form 497 that is due the weekend before the election. Such reports must be filed within 24 hours regardless of the day of the week. Statements filed after the deadline are subject to a \$10 per day late fine.
- Method of Delivery:** All paper filings are filed by personal delivery or first class mail unless otherwise noted. A paper copy of a report may not be required if a local agency requires online filing pursuant to a local ordinance.

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## Filing Schedule Requests

Filing officers may request filing schedules for special elections. Send a request to [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) and we will create a schedule for your election.

Requests must include:

- Jurisdiction's name
- Date of the election
- Date the election was called
- Purpose (i.e., ballot measure, candidate)

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## Statement Log

A filing officer's log is used to determine if the required statements have been filed.

The log should include:

- Name and address of the candidate or committee
- Office held or being sought, and/or ballot measure number
- Committee ID number
- Type of statement
- Reporting period
- Filing deadline
- Date filed

*Note: Logs are public record and must be accessible to the public.*

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## Sample Log

### CANDIDATE COMMITTEES

| Name             | Form No.   | Period Covered      | Deadline | Filed    | Late Notifications |          |
|------------------|------------|---------------------|----------|----------|--------------------|----------|
|                  |            |                     |          |          | 1st                | 2nd      |
| Bernhardt, Bryan | 501 *      | N/A                 | N/A      | 12/12/-- |                    |          |
|                  | 410 *      | N/A                 | N/A      | 03/06/-- |                    |          |
|                  | 460 (Semi) | 01/01/-- - 06/30/-- | 07/31/-- | 08/03/-- | 08/01/--           |          |
|                  | 460 (Pre)  | 07/01/-- - 09/30/-- | 10/05/-- | 10/05/-- |                    |          |
|                  | 460 (Pre)  | 10/01/-- - 10/20/-- | 10/25/-- | 10/24/-- |                    |          |
|                  | 460 (Semi) | 10/21/-- - 12/31/-- | 01/31/-- | 01/15/-- |                    |          |
| Billings, Joel   | 501 *      | N/A                 | N/A      | 11/30/-- |                    |          |
|                  | 410 *      | N/A                 | N/A      | 02/10/-- |                    |          |
|                  | 460 (Semi) | 01/01/-- - 06/30/-- | 07/31/-- | 10/05/-- | 08/01/--           | 09/15/-- |
|                  | 460 (Pre)  | 07/01/-- - 09/30/-- | 10/05/-- | 10/05/-- |                    |          |
|                  | 460 (Pre)  | 10/01/-- - 10/20/-- | 10/25/-- | 10/20/-- |                    |          |
|                  | 460 (Semi) | 10/21/-- - 12/31/-- | 01/31/-- | 01/01/-- |                    |          |
| Boris, Peter     | 501 *      | N/A                 | N/A      | 12/12/-- |                    |          |
|                  | 410 *      | N/A                 | N/A      | 03/06/-- |                    |          |
|                  | 460 (Semi) | 01/01/-- - 06/30/-- | 07/31/-- | 7/31/--  |                    |          |
|                  | 460 (Pre)  | 07/01/-- - 09/30/-- | 10/05/-- | 10/05/-- |                    |          |
|                  | 460 (Pre)  | 10/01/-- - 10/20/-- | 10/25/-- | 10/25/-- |                    |          |
|                  | 460 (Semi) | 10/21/-- - 12/31/-- | 01/31/-- | 01/31/-- |                    |          |

\* Sample Log does not include all recommended fields due to presentation limitations

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## Form 700

Statement of Economic Interests

Candidates must file Form 700 by the Declaration of Candidacy filing deadline.

Filing officers will forward 87200 filers' statements to the FPPC, including:

- Mayors and City Council Members
- Board of Supervisors
- District Attorneys
- Statewide Officers
- Senate and Assembly Members
- Judges

*Note: A candidate Form 700 is not required of incumbents who have filed assuming office or annual statements within 60 days of filing their Declaration of Candidacy.*

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## Form 501

Candidate Intention Statement

Form 501 is filed by all candidates planning to run for office in an upcoming election.

- Must be filed before raising or spending **any** funds – including personal funds
- Not required if candidate will not receive contributions or spend personal funds (other than for filing or ballot statement fees)

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## Form 470

Campaign Statement Short Form

Form 470 is filed by candidates with no open committee who do not anticipate raising or spending \$2,000 or more during the calendar year.

Must be filed by either

- First pre-election deadline
- July 31<sup>st</sup>

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## Form 470

Supplement

Candidates who raise or spend \$2,000 or more after filing Form 470 must file Form 470 Supplement within 48 hours.

Filed with

- Secretary of State
- Local elections office
- Each of the candidate's opponents

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## Form 410

Statement of Organization

Recipient committees file Form 410 to register the committee and receive a committee ID number.

Must be filed within

- 10 days of qualifying
- 24 hours if qualifying within 16 days of the election

Filing location

- Original with Secretary of State
- Copy with local elections official

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## Committee ID Number

Upon receipt of the Form 410, the Secretary of State will assign a committee ID number. It will be available on their website [www.cal-access.sos.ca.gov](http://www.cal-access.sos.ca.gov)

The screenshot shows the California Secretary of State's Cal-Access website. The header includes the California state seal and the name 'Secretary of State ALEX PADILLA'. Below the header is a navigation bar with links for 'SECRETARY OF STATE', 'ELECTIONS', 'CAMPAIGN & LOBBYING', 'BUSINESS PROGRAMS', 'STATE ARCHIVES', and 'REGISTRIES'. The main content area displays 'Search Results For "Campos for Senate 2020"'. A note indicates '\* ENTITY NAME HAS CHANGED'. A table lists the search results:

| ENTITY ID | ENTITY NAME                  | ENTITY TYPE         | STATUS |
|-----------|------------------------------|---------------------|--------|
| 1377753   | CAMPOS FOR SENATE 2020; NORA | RECIPIENT COMMITTEE | ACTIVE |

On the left side of the page, there is a sidebar with links for 'Cal-Access Search', 'Advanced Search', 'Cal-Access Home', 'Campaign Finance', 'Lobbying Activity', 'Resources', 'For Filers Only', and 'Political Reform'.

## Forms 496 & 497 – 24 Hour Reports

Period begins **90 days** before election and includes date of election

### Form 496 - Independent Expenditures

- No weekend or holiday exceptions
- Filed with filing officer of affected candidate or measure committee

### Form 497 - Contributions

- Deadline extended to next business day when it falls on weekends and state holidays – except for reports due the weekend before the election
- Filed with committee's regular filing officer

### Method of Delivery

- Email, fax, personal delivery, guaranteed overnight service, or online, if available

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## Independent Expenditure or Contribution?

A payment made by a third party for a communication that expressly advocates support or opposition of a candidate or ballot measure must be reported as either:

- **Independent expenditure:** If the communication was not made at the behest of (or in coordination with) the candidate or measure committee.

*Example:* A committee invites all candidates to complete a questionnaire and then independently sends a mailing endorsing certain candidates.

- **Contribution:** If the communication was made at the behest of (or in coordination with) the candidate or measure committee.

*Example:* A committee asks the a candidates to pose for a mailer and asks the candidate's agent when the mailer should be sent and which neighborhood it should be sent to.

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## Form 460 – Campaign Statement

Form 460 is the main campaign report used to disclose the committee's activity during a specified period.

Form 460 is used to file the following statements:

- Pre-Election
- Quarterly and Semi-Annual
- Special Odd-Year Report
- Termination
- Amendment to a previously filed Form 460

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## Form 460 – Campaign Statement (continued)

### Who must file it?

- Candidate Controlled Committees
- Primarily Formed Ballot Measure Committees
- Primarily Formed Candidate Committees
- General Purpose Committees

### When is it filed?

At least semi-annually – by January 31 and July 31. Other deadlines vary depending on the type of committee. Consult applicable filing schedules for deadlines.

*Note: Form 460 is not required for non-qualifying candidates (candidates who raise or spend less than \$2,000).*

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## Reviewing the Form 460

- Review all original statements filed with your office
- Use the Form 460 Amendment Request Form as a reviewing tool
- Filing officers are not required to seek or obtain information to verify entries, conduct investigations, or check math

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## Form 460 - Cover Page

| Recipient Committee<br>Campaign Statement<br>Cover Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | COVER PAGE<br>CALIFORNIA<br>FORM 460<br>Page 1 of 17<br>For Official Use Only                                                                                                                                                                                                                                                                                                            |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| SEE INSTRUCTIONS ON REVERSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Statement covers period<br>from 1/1/XX<br>through 6/30XX                                                                                                                                                                                                                                                                                                                                 | Date of election if applicable:<br>(Month, Day, Year) |
| <b>1. Type of Recipient Committee:</b> All Committees - Complete Parts 1, 2, 3, and 4.<br><input checked="" type="checkbox"/> Off/holder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall (See Complete Part 3)<br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee<br><input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored (See Complete Part 3)<br><input type="checkbox"/> Primarily Formed Candidate/Off/holder Committee (See Complete Part 3) |  | <b>2. Type of Statement:</b><br><input type="checkbox"/> Provision Statement<br><input checked="" type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below)<br><input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report |                                                       |
| <b>3. Committee Information</b><br>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)<br>Jane Griffith for City Council 20XX<br>STREET ADDRESS (NO P.O. BOX)<br>200 North Sycamore Street<br>CITY STATE ZIP CODE AREA CODE/PHONE<br>Hometown CA 98765 555-222-3334<br>HOME ADDRESS (IF DIFFERENT FROM STREET OR P.O. BOX)<br>P.O. Box 2000<br>CITY STATE ZIP CODE AREA CODE/PHONE<br>Hometown CA 98765 555-222-3335<br>OPTIONAL FAX / E-MAIL ADDRESS                                                                                                                                                                                                                                                                                                                                        |  | <b>Treasurer(s)</b><br>NAME OF TREASURER<br>Michael Taylor<br>MAILING ADDRESS<br>105 Vine Street<br>CITY STATE ZIP CODE AREA CODE/PHONE<br>Hometown CA 98765 555-222-1234<br>NAME OF ASSISTANT TREASURER, IF ANY<br>n/a<br>MAILING ADDRESS<br>CITY STATE ZIP CODE AREA CODE/PHONE<br>OPTIONAL FAX / E-MAIL ADDRESS                                                                       |                                                       |
| <b>4. Verification</b><br>I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 7/30XX<br>Date<br>Executed on 7/30XX<br>Date<br>Executed on _____<br>Date<br>Executed on _____<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | By Michael Taylor<br>Signature of Controlling Off/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor<br>By Jane Griffith<br>Signature of Controlling Off/holder, Candidate, State Measure Proponent<br>By _____<br>Signature of Controlling Off/holder, Candidate, State Measure Proponent                                                                     |                                                       |

FPFC Form 460 (Jan/2016)  
FPFC Advice: advice@fpfc.ca.gov (866/275-3772)  
www.fpfc.ca.gov

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# Form 460 – Summary Page

**Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/XX through 6/30/XX

**CALIFORNIA FORM 460**

Page 3 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Jane Griffith for City Council 20XX

1.D. NUMBER: 123456

| Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) |                            | Column B<br>CUMULATIVE YEAR<br>TOTAL THIS PERIOD |  |
|------------------------------------------------------------|----------------------------|--------------------------------------------------|--|
| 1. Monetary Contributions                                  | Schedule A, Line 3 \$ 1880 | \$ 1880                                          |  |
| 2. Loans Received                                          | Schedule B, Line 3 \$ 5000 | \$ 7500                                          |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS                             | Add Lines 1 + 2 \$ 6880    | \$ 9380                                          |  |
| 4. Nonmonetary Contributions                               | Schedule C, Line 3 \$ 2250 | \$ 2250                                          |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED                            | Add Lines 3 + 4 \$ 9130    | \$ 11630                                         |  |

| Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) |                              | Column B<br>CUMULATIVE YEAR<br>TOTAL THIS PERIOD |  |
|------------------------------------------------------------|------------------------------|--------------------------------------------------|--|
| 6. Payments Made                                           | Schedule E, Line 4 \$ 3400   | \$ 3400                                          |  |
| 7. Loans Made                                              | Schedule H, Line 3 \$ 0      | \$ 0                                             |  |
| 8. SUBTOTAL CASH PAYMENTS                                  | Add Lines 6 + 7 \$ 3400      | \$ 3400                                          |  |
| 9. Accrued Expenses (Unpaid Bills)                         | Schedule F, Line 3 \$ 0      | \$ 0                                             |  |
| 10. Nonmonetary Adjustment                                 | Schedule G, Line 3 \$ 2250   | \$ 2250                                          |  |
| 11. TOTAL EXPENDITURES MADE                                | Add Lines 8 + 9 + 10 \$ 5650 | \$ 5650                                          |  |

**Current Cash Statement**

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 5420

13. Cash Receipts Column A, Line 5 above \$ 6880

14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 775

15. Cash Payments Column A, Line 8 above \$ 3400

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 9675

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents See instructions on reverse \$ 0

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 7500

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received

21. Expenses Made

Expenses Limited by State Candidate

Date (mm/dd/yyyy)

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

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# Form 460 – Schedule A

**Schedule A Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/XX through 6/30/XX

**CALIFORNIA FORM 460**

Page 4 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Jane Griffith for City Council 20XX

1.D. NUMBER: 123456

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|------------------------------------|
| 4/12          | Terra Jennings<br>468 Spring Street<br>Hometown, CA 98765                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Jenning's Beauty                                                                  | 300                         | 300                                                 |                                    |
| 5/17          | ABC Corporation<br>686 Copperfield Way<br>Futureville, CA 91234                              | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 500                         | 500                                                 |                                    |
| 6/9           | Police Officers' Association<br>2694 Board Street<br>Past City, CA 99182                     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ID #940120                                                                                 | 100                         | 100                                                 |                                    |
|               |                                                                                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                            |                             |                                                     |                                    |
|               |                                                                                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                            |                             |                                                     |                                    |
| SUBTOTAL \$   |                                                                                              |                                                                                                                                                                         |                                                                                            | 900                         |                                                     |                                    |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ 900

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 990

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1880

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee (other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

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# Form 460 - Donor Information

Committees must disclose the name and street address for contributors of \$100 or more. If the contributor is an individual, they must also disclose their occupation and employer.

Correct

- Manager, Harvey's Hardware Store
- Self-Employed, Jeanette's Boutique
- Lawyer, Ortiz & Smith
- Retired
- Consultant, A Better Business Agency
- Self-Employed, No Separate Business Name
- Homemaker or Student
- Private Investor: stocks & bonds

Incorrect

- Manager
- Owner
- Next Door Neighbor
- Friend
- Consultant, ABBA (no acronyms)
- Philanthropist
- Business Person
- Entrepreneur
- Investor

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## Form 460 – Schedule B

| Schedule B – Part 1<br>Loans Received                                                                                                                       |                                                                                                     | Amounts may be rounded<br>to whole dollars.        |                                          | Statement covers period<br>from 1/1/XX<br>through 6/30/XX                          |                                                      | SCHEDULE B – PART 1<br>CALIFORNIA FORM <b>460</b><br>Page <u>6</u> of <u>17</u><br>1.D. NUMBER<br>123456 |                                          |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|
| SEE INSTRUCTIONS ON REVERSE                                                                                                                                 |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| NAME OF FILER<br>Jane Griffith for City Council 20XX                                                                                                        |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE ALSO ENTER ID# NUMBER)                                                                 | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (a)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (b)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD                                   | OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (c)<br>INTEREST<br>PAID THIS<br>PERIOD                                                                   | (d)<br>ORIGINAL<br>AMOUNT OF<br>LOAN     | (e)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
| Bank of Southland<br>345 Main Street<br>Hometown, CA 98765                                                                                                  |                                                                                                     | \$ 0                                               | \$ 5000                                  | \$ 0                                                                               | \$ 5000<br>DATE DUE 1/1/XX                           | \$ 75                                                                                                    | \$ 5000                                  | \$ 0<br>PER ELECTION**                        |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |                                                                                                     |                                                    |                                          | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN<br>\$ 0 |                                                      | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN<br>\$ 0                       | CALENDAR YEAR<br>1/1/XX<br>DATE INCURRED | PER ELECTION**<br>1/1/XX<br>DATE INCURRED     |
| Jane Griffith<br>2000 North Sycamore Street<br>Hometown, CA 98765                                                                                           | Regional Manager,<br>Consumer Tech                                                                  | \$ 2500                                            | \$ 0                                     | \$ 0                                                                               | \$ 2500<br>DATE DUE 1/1/XX                           | \$ 0                                                                                                     | \$ 2500                                  | \$ 2500<br>PER ELECTION**                     |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |                                                                                                     |                                                    |                                          | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN<br>\$ 0 |                                                      | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN<br>\$ 0                       | CALENDAR YEAR<br>1/1/XX<br>DATE INCURRED | PER ELECTION**<br>1/1/XX<br>DATE INCURRED     |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| SUBTOTALS                                                                                                                                                   |                                                                                                     | \$ 5000                                            | \$ 0                                     | \$ 7500                                                                            | \$ 75                                                |                                                                                                          |                                          |                                               |
| (Print or type name of filer and date of filing on back of Schedule B, Line 3)                                                                              |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| <b>Schedule B Summary</b>                                                                                                                                   |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| 1. Loans received this period                                                                                                                               |                                                                                                     |                                                    |                                          | \$ 5000                                                                            |                                                      |                                                                                                          |                                          |                                               |
| (Total Column (b) plus unitemized loans of less than \$100.)                                                                                                |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| 2. Loans paid or forgiven this period                                                                                                                       |                                                                                                     |                                                    |                                          | \$ 0                                                                               |                                                      |                                                                                                          |                                          |                                               |
| (Total Column (c) plus loans under \$100 paid or forgiven.)                                                                                                 |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| (Include loans paid by a third party that are also itemized on Schedule A.)                                                                                 |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| 3. Net change this period. (Subtract Line 2 from Line 1.)                                                                                                   |                                                                                                     |                                                    |                                          | NET \$ 5000                                                                        |                                                      |                                                                                                          |                                          |                                               |
| Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number.)                                                                   |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| *Amounts forgiven or paid by another party also must be reported on Schedule A.                                                                             |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| ** If required.                                                                                                                                             |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |
| FPPC Form 460 (Jan/2016)<br>FPPC Advice: advice@fppc.ca.gov (866/775-3772)<br>www.fppc.ca.gov                                                               |                                                                                                     |                                                    |                                          |                                                                                    |                                                      |                                                                                                          |                                          |                                               |

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# Form 460 – Schedule C

**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/XX through 6/30/XX

**CALIFORNIA FORM 460**  
Page 8 of 17  
ID NUMBER: 123456

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER: Jane Griffith for City Council 20XX

| DATE RECEIVED                                                               | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER) | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER-ELECTION TO DATE (IF REQUIRED) |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------|--------------------------|---------------------------------------------------|------------------------------------|
| 3/22                                                                        | Marsha Taylor<br>985 Sandberg Drive<br>Westville, CA 92376                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner, Marsha's Catering                                                                   | Fivers                           | 1200                     | 1200                                              |                                    |
| 5/12                                                                        | Committee for Blue Skies - YES on M<br>100 Amber Street<br>Downtown, CA 92356              | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ID #1300654                                                                                | Mailing List                     | 250                      | 250                                               |                                    |
| 6/12                                                                        | Forest Hill TV & Repair<br>3042 Showroom Blvd.<br>Underville, CA 95632                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | TV for Fundraiser                | 500                      | 500                                               |                                    |
|                                                                             |                                                                                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                            |                                  |                          |                                                   |                                    |
| Attach additional information on appropriately labeled continuation sheets. |                                                                                            |                                                                                                                                                                         |                                                                                            |                                  | <b>SUBTOTAL \$</b>       | 1950                                              |                                    |

**Schedule C Summary**

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 1950

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 300

3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 2250**

\*Contributor Codes:  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

FFPC Form 460 (Jan/2016)  
FFPC Advice: advice@ffpc.ca.gov (866/275-3772)  
www.ffpc.ca.gov

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# Form 460 – Schedule E

**Schedule E**  
**Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/XX through 6/30/XX

**CALIFORNIA FORM 460**  
Page 11 of 17  
ID NUMBER: 123456

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER: Jane Griffith for City Council 20XX

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|                                                                     |                                                 |                                                                 |
|---------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| CSP - campaign paraphernalia/memorabilia                            | EMR - member communications                     | RAD - radio airtime and production costs                        |
| CNS - campaign consultants                                          | MTG - meetings and appearances                  | RFD - returned contributions                                    |
| CTB - contribution (explain nonmonetary)*                           | OFC - office expenses                           | SAL - campaign workers' salaries                                |
| CVC - civic donations                                               | PET - petition circulating                      | TEL - t.v. or cable airtime and production costs                |
| FIL - candidate filing/initial fees                                 | PHO - phone banks                               | TRC - candidate travel, lodging, and meals                      |
| FND - fundraising events                                            | POL - polling and survey research               | TRF - staff/spouse travel, lodging, and meals                   |
| IND - independent expenditure supporting/opposing others (explain)* | POS - postage, delivery and messenger services  | TSP - transfer between committees of the same candidate/sponsor |
| LEG - legal defense                                                 | PRO - professional services (legal, accounting) | VOT - voter registration                                        |
| LIT - campaign literature and mailings                              | PRE - print ads                                 | WEB - information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)                            | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|-------------------------------------------------------------------------------------------|---------|------------------------|-------------|
| Southland Telephone Company<br>1111 Broadway<br>Hometown, CA 98765                        | OFC     |                        | 300         |
| Patrick Freeman for Mayor 20XX<br>ID #130989<br>495 Crescent Street<br>Hometown, CA 98765 | CTB     |                        | 275         |
| <b>SUBTOTAL \$</b>                                                                        |         |                        | 575         |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2075

2. Unitemized payments made this period of under \$100 \$ 850

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 2925**

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www.ffpc.ca.gov

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# Form 460 – Schedule E (continuation sheet)

| Schedule E<br>(Continuation Sheet)<br>Payments Made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | Amounts may be rounded<br>to whole dollars. | Statement covers period<br>from 1/1/XX<br>through 6/30/XX | SCHEDULE E (CONT.)<br>CALIFORNIA<br>FORM 460<br>Page 12 of 17<br>ID NUMBER<br>123456 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|
| SEE INSTRUCTIONS ON REVERSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                             |                                                           |                                                                                      |
| NAME OF FILER<br>Jane Griffith for City Council 20XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                             |                                                           |                                                                                      |
| <b>CODES:</b> If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.<br>CMP campaign paraphernalia/travel; CNS campaign consultants; CTB contribution (explain nonmonetary)*; CIV civic donations; FIL candidate filing/ballot fees; FND fundraising events; IND independent expenditure supporting/opposing others (explain)*; LEG legal defense; LIT campaign literature and mailings; MBR member communications; MFG meetings and appearances; OFC office expenses; PET petition circulating; PHO phone banks; PCL polling and survey research; POS postage, delivery and messenger services; PRO professional services (legal, accounting); PRG print ads; RAD radio airtime and production costs; RFD retained contributions; SAL campaign workers' salaries; TEL tv or cable airtime and production costs; TRC candidate travel, lodging, and meals; TRS staff/spouse travel, lodging, and meals; TSF transfer between committees of the same candidate/opponent; VOT voter registration; WEB information technology costs (internet, e-mail) |         |                                             |                                                           |                                                                                      |
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE ALSO ENTER ID NUMBER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CODE OR | DESCRIPTION OF PAYMENT                      | AMOUNT PAID                                               |                                                                                      |
| Floyd Lawson<br>400 Callister Street<br>Taylortown, CA 93563                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CNS     |                                             | 1400                                                      |                                                                                      |
| Vendors paid \$500 or more:<br>Voter Systems<br>300 First Street<br>Jackson City, CA 93262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$525   | VOT                                         |                                                           |                                                                                      |
| Howard Painting<br>112 East Broadway<br>Hometown, CA 98765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$750   | LIT                                         |                                                           |                                                                                      |
| Jane Griffith<br>200 North Sycamore Street<br>Hometown, CA 98765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | FIL                                         | 500                                                       |                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                             | <b>SUBTOTAL \$ 1900</b>                                   |                                                                                      |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                             |                                                           |                                                                                      |
| FPPC Form 460 (Jan/2018)<br>FPPC Advice: advice@fppc.ca.gov (866/275-3772)<br>www.fppc.ca.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |                                             |                                                           |                                                                                      |

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# Form 460 – Schedule I

| Schedule I<br>Miscellaneous Increases to Cash                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | Amounts may be rounded<br>to whole dollars.                                        | Statement covers period<br>from 1/1/XX<br>through 6/30/XX | SCHEDULE I<br>CALIFORNIA<br>FORM 460<br>Page 17 of 17<br>ID NUMBER<br>123456 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------|
| SEE INSTRUCTIONS ON REVERSE                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                    |                                                           |                                                                              |
| NAME OF FILER<br>Jane Griffith for City Council                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                    |                                                           |                                                                              |
| DATE RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                   | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE ALSO ENTER ID NUMBER) | DESCRIPTION OF RECEIPT                                                             | AMOUNT OF INCREASE TO CASH                                |                                                                              |
| 5/30                                                                                                                                                                                                                                                                                                                                                                                                            | Southland Telephone Company<br>1111 Broadway<br>Hometown, CA 98765     | Refund of deposit                                                                  | 100                                                       |                                                                              |
| 6/6                                                                                                                                                                                                                                                                                                                                                                                                             | Sarah Mae Smith<br>532 County Road<br>Hometown, CA 98765               | Fair market value of donated table that was sold during a campaign auction         | 300                                                       |                                                                              |
| 6/6                                                                                                                                                                                                                                                                                                                                                                                                             | Tabatha O'Neill<br>687 Waterberry Drive<br>Hometown, CA 98765          | Fair market value of donated painting that was sold during a campaign auction      | 175                                                       |                                                                              |
| 6/6                                                                                                                                                                                                                                                                                                                                                                                                             | David Schirmer<br>2854 Valoria Village Parkway<br>Hometown, CA 98765   | Fair market value of donated wine glasses that were sold during a campaign auction | 175                                                       |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                    | <b>SUBTOTAL \$ 750</b>                                    |                                                                              |
| Attach additional information on appropriately labeled continuation sheets.                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                    |                                                           |                                                                              |
| <b>Schedule I Summary</b><br>1. Itemized increases to cash this period. \$ 750<br>2. Unitemized increases to cash of under \$100 this period. \$ 25<br>3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0<br>4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) <b>TOTAL \$ 775</b> |                                                                        |                                                                                    |                                                           |                                                                              |
| FPPC Form 460 (Jan/2018)<br>FPPC Advice: advice@fppc.ca.gov (866/275-3772)<br>www.fppc.ca.gov                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                    |                                                           |                                                                              |

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## Public Access

Filing officers must ensure filed campaign statements are available to the public during regular business hours.

Filing officers may not

- Set conditions on public access
- Require information or identification from requesters
- Charge more than 10 cents per page for copies
- Redact any portion of the filed campaign statement prior to issuance

*Note: You may charge a \$5 fee per request for statements more than five years old.*

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## Form Retention

Statements must be retained

- **Indefinitely** for mayors, city council members, and county supervisors
- **Ten years** for all statements filed electronically
- **Seven years** for other candidates and committees (i.e., school board, water district) that file original statements with you
- **Five years** for original campaign statements for defeated, non-incumbent candidates
- **Four years** for all “copies” of campaign statements you receive

*Note: Statements may be transferred to a space-saving device after 2 years.*

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## Managing Non-Filers

Filing officers are required to notify non-filers of their reporting obligations.

Notify non-filers by

- Telephone
- Email
- Written notice

Refer non-filers to the FPPC if the statement is not filed after sending your second written notice.

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## Assessing Late Fines

- No extensions of filing deadlines
- Develop a written policy for fining and implement consistently
- Fine starts the day after deadline, not the day after the candidate or committee is notified
- \$10 per day for each day late (you may NOT assess more)
- Amount of fine assessed may not exceed the amount of the committee's receipts or expenditures during the reporting period, or \$100, whichever is greater
- Form 470 filers may not be fined more than \$100
- Deposit fines into agency's general fund

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## Post Election

Candidates

### Successful

#### Form 460 Filer

- Continues filing 460 semi-annually until committee is terminated

#### Form 470 Filer

- Must file 470 by July 31 each year (not required if salary is less than \$200 per month)

### Defeated

#### Form 460 Filer

- Continues filing 460 semi-annually until committee is terminated

#### Form 470 Filer

- No further statements are required

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## Post Election

Primarily Formed & General Purpose Committees

- Continue filing at least semi-annually until the committee is terminated
- Committees should check the applicable filing schedule to determine if their activity triggers additional filing requirements

For these committees, leftover funds do not become surplus after the election.

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## Post Election

### Committee Termination

The following criteria must be met in order to terminate a committee:

- No remaining funds
- Not receiving or planning to receive contributions
- Not making or planning to make expenditures
- Termination Forms 410 and 460 must be filed

There is no timeframe for terminating a local committee, but committees must continue to file campaign reports and pay the \$50 annual fee until the committee terminates.

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## Campaign Statements

### Electronic Filing

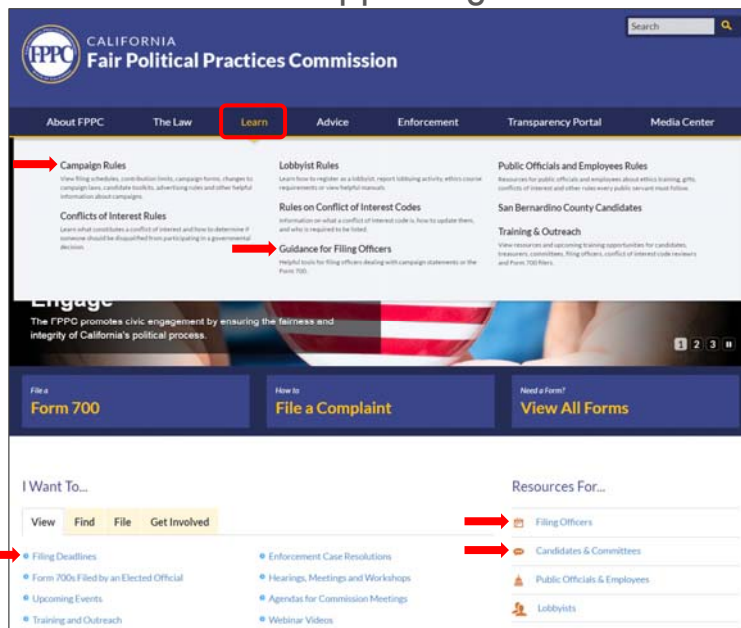
Local agencies may adopt an ordinance approving the use of an E-filing system if specific criteria are met, including:

- Complies with Secretary of State file format standards
- Meets specific data integrity & safeguard standards
- Allows free public access to E-filed statements
- Online statements do not include contributor addresses or bank account information

Filing officers are still required to provide un-redacted hard copies upon request.

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www.fppc.ca.gov



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[www.fppc.ca.gov](http://www.fppc.ca.gov)

END OF PRESENTATION

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