

Recipient Committee Campaign Statement – Short Form

CALIFORNIA
FORM **450**

Who Uses Form 450:

Form 450 is for use by a recipient committee if the committee:

- Is not controlled by a candidate. (Exception: Candidate controlled ballot measure committees may use this form.)
- Has not received a contribution which must be itemized (a cumulative amount of \$100 or more from a single source);
- Has not received any other payment of \$100 or more (miscellaneous increases to cash);
- Has no outstanding loans made or received; and
- Has no accrued expenses (unpaid bills).

The committee may use this form only if all of the above criteria are met. If all criteria are not met, the committee must use Form 460, Recipient Committee Campaign Statement.

Form 450 May Be Filed As:

- A Semi-annual Statement
- A Pre-election Statement
- A Special Odd-Year Campaign Report
- A Quarterly Statement in connection with a ballot measure
- A Termination Statement
- An Amendment

Note: Mark the pre-election statement box if a committee files a monthly report in connection with a LAFCO proposal.

See reverse for general guidance on where to file this form.

Contribution Limits:

Candidates for elective state office are subject to state contribution limits. Contributions received by committees for the purpose of making contributions to candidates for elective state office are also subject to limits. A chart identifying the limits is located at www.fppc.ca.gov. In addition, local candidates may be subject to contribution limits imposed by local ordinance. Questions concerning local limits should be addressed to election officials in the local jurisdiction.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee (available from your filing officer or the FPPC). Campaign filing deadlines, forms, and other informational materials are available on the FPPC website (www.fppc.ca.gov).

Instructions for Recipient Committee Campaign Statement – Short Form

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Where to File:

In general, state committees file with the Secretary of State and local committees file with the filing officer of the local jurisdiction.

State Committees:

State committees file this form with the Secretary of State. State committees include committees primarily formed to support or oppose candidates seeking a CalPERS or CalSTRS election.

Secretary of State

Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814
Phone (916) 653-6224
Fax (916) 653-5045
www.sos.ca.gov

Additional Copies:

A copy of this form must also be filed with the relevant CalPERS or CalSTRS office if the committee is a primarily formed committee for a CalPERS or CalSTRS election.

Local Committees:

If a committee makes 70% or more of its contributions and independent expenditures on county candidates and measures and other county committees, file this form with the county elections official. An original and one paper copy is required. A local agency may also require electronic submissions.

If a committee makes 70% or more of its contributions and independent expenditures on city candidates and measures and other city committees, file this form with the city clerk. An original and one paper copy is required. A local agency may also require electronic submissions.

Fast Facts:

Electronic Filing: State committees must file electronic reports with the Secretary of State if the committee receives contributions or makes expenditures totaling \$25,000 or more.

General Purpose Committees: FPPC regulation 18227.5 sets out the procedures for determining whether a committee should file with the state, county or city elections office. In general, most committees file with the Secretary of State unless the committee is making more than 70% of its contributions and expenditures in connection with a city election or county election. The regulation sets out review time lines and exceptions. A committee cannot knowingly file in an incorrect jurisdiction with the intention of avoiding the appropriate legal disclosure to the public. Committees that change jurisdictions file in both jurisdictions until the end of the calendar year.

LAFCO Proposals: Committees primarily formed to support or oppose a LAFCO proposal file this form with the county elections office in the county that the proposal may be voted upon. Once a proposal is listed on a ballot, the committee will file as a multi-county, county, or city committee.

Statement of Organization: Committees must make certain that information on its Statement of Organization, Form 410, is current and correct. This form includes information such as whether the committee is primarily formed or general purpose, its status as a state, county or city committee, a current list of principal officers as well as other important information about the committee's formation. Information listed on a Form 450 must be the same as that disclosed on the Form 410.

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

from _____

through _____

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

Date Stamp

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For Official Use Only

1. Type of Recipient Committee:

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER

COMMITTEE NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Period Covered by a Statement:

The “period covered” by a campaign statement begins the day after the closing date of the last campaign statement you filed. For example, if the closing date of the last statement was September 30, the beginning date of the next statement will be October 1.

If this is the committee’s first campaign statement, begin with January 1 of the current calendar year.

The closing date of the statement depends on the type of statement you are filing.

Date of Election:

If this statement is filed in connection with an election, enter the date of the election.

Type of Recipient Committee:

Check one box to indicate the type of committee filing the statement.

Ballot Measure Committee

A person, entity, or organization that receives contributions totaling \$2,000 or more during a calendar year for the primary purpose of supporting or opposing the qualification, passage, or defeat of one or more ballot measures. A controlled committee is one that is controlled directly or indirectly by an officeholder, candidate, or proponent of a state ballot measure or that acts jointly with an officeholder, candidate, or proponent of a state ballot measure in connection with making expenditures.

Primarily Formed Candidate/Officeholder Committee

A person, entity, or organization that receives contributions totaling \$2,000 or more during a calendar year to support or oppose a single candidate or officeholder, or two or more candidates or officeholders who are being voted upon in the same city, county, or multi-county election. This type of committee is not controlled by the candidate(s) or officeholder(s).

General Purpose Committee

A person, entity, or organization that receives contributions totaling \$2,000 or more during a calendar year to support or oppose various candidates and measures (e.g., political parties, political action committees).

Sponsored Committee

A sponsored committee is one that has a sponsor—a business entity, organization, union, or other entity—that meets certain criteria. Sponsored committees must include the name of the sponsor in the name of the committee.

Small Contributor Committee

A small contributor committee is one that has been in existence for more than six months; receives contributions from 100 or more persons; makes contributions to five or more candidates; and has not received more than \$200 from one person in a calendar year. A small contributor committee has a higher limit on the amount of contributions it can make to a state candidate.

Type of Statement:

Check the appropriate box(es) to indicate the type of statement you are filing (or amending).

Amendments: If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment and attach the pages being amended. Be sure to enter the period covered of the statement you are amending.

Termination: A committee must continue filing campaign statements each year until it is eligible to terminate and files a Form 410 Termination.

Committee Information:

Enter the committee’s full name, identification number, address, and telephone number as stated on the Statement of Organization, Form 410, filed with the Secretary of State. Note on the form if the identification number has not yet been received from the Secretary of State’s office. Then enter the treasurer’s name, the assistant treasurer’s name (if any), their permanent addresses and telephone numbers during business hours.

Verification:

The statement must be signed by the committee treasurer or the assistant treasurer named on the committee’s Statement of Organization (Form 410). An officeholder, candidate, or state measure proponent who controls the committee must also sign the statement. If two or three officeholders, candidates, or proponents control the committee, each must sign the statement. If more than three control the committee, one may sign on behalf of the others.

Under certain circumstances, the responsible officer of a sponsoring organization must sign the statement.

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from _____
through _____

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Page _____ of _____

NAME OF COMMITTEE

I.D. NUMBER

Expenditures Made

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

Contributions Received

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

Current Cash Statement

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

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Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from _____
through _____

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I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE _____

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

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

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

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Payments Made:

For each payment of \$100 or more provide:

Date

Provide the date if the expenditure is a contribution or an independent expenditure.

Name and Address of Payee

For each payee or creditor of \$100 or more, enter the full name, street address, city, state, and zip code. If the payee is different than the vendor providing the goods and services (subvendor), also enter the subvendor's full name, street address, city, state and zip code if the payment to the subvendor was \$500 or more.

Credit Card Payments

Disclose the name, address, and amount paid to the credit card company during the period. Also disclose the name, address, amount paid, and description of payment for each vendor paid \$100 or more.

Payments by Agents and Independent Contractors

When an agent or independent contractor (e.g., campaign worker, advertising agency, campaign management firm) makes payments on your behalf ("subvendor payments"), disclose the name, address, amount paid, and description of payment for each vendor paid \$500 or more.

Description of Payment

If the payment is a direct payment to a candidate or committee, enter "monetary contribution." If the expenditure is a non-monetary contribution, enter "non-monetary contribution," describe the goods or services provided, and enter the fair market value if different from the amount paid.

If the payment is for overhead or operating expenses of the committee, enter a brief description of the goods or services received.

Ownership Interests or Business Employment

A ballot measure committee that makes a payment to any business entity (1) which is owned 50 percent or more by any of the individuals listed below, or (2) in which any of the individuals listed below is an officer, partner, consultant, or employee must report that individual's name, relationship to the committee, and a description of the ownership interest or position with the business entity. Individuals covered by (1) or (2) above, include:

- A candidate or person controlling the committee;
- An officer or employee of the committee; or
- The spouse of any of the above.

Name of Candidate and Office or Ballot Measure

For a candidate, provide the individual's full name, office sought or held, and jurisdiction. For a ballot measure, provide the name of the measure and the measure's number or letter and the jurisdiction of the measure.

Support/Oppose

Check the appropriate box to indicate if the expenditure or contribution made was for or against the candidate or measure.

Contribution/Independent Expenditure

Check the box if the payment is a contribution or an independent expenditure.

Amount Paid

Enter the amount paid this period.

Cumulative Amount to Date - Calendar Year

For payments that are contributions or independent expenditures, enter the total amount of contributions made to or independent expenditures for or against each candidate or measure since January 1 of the current calendar year. Cumulate contributions and independent expenditures separately.

Cumulative Amount to Date - Other

Complete the "Other" column if a contribution is made to a candidate that is subject to state contribution limits. In this section, disclose the total amount contributed to the committee in connection with each limitation cycle and identify the election year. The primary and general elections are separate elections. For example, a \$4,200 contribution to a candidate for a primary election in 2016 would be disclosed as "\$4,200 P-16."

"Other" Column			
Limitation Cycle		Year of Election	
Primary	P	2016	16
General	G	2017	17
Special	S	2018	18
Runoff	R	2019	19