CAMPAIGN - APPLICATION TO OBTAIN LOGON ID NUMBER AND PASSWORD TO FILE ONLINE OR ELECTRONICALLY

1. I am submitting this application as: *(check one)*

   ☐ Treasurer   ☐ Assistant Treasurer   ☐ Responsible Officer   ☐ Major Donor

   ☐ Other (specify)_____

2. I want to file campaign statements or reports on behalf of: *(type or print legibly)*

   _____   _____
   (full name)   (ID# if known)

   _____
   (street address)   (city)   (state)   (zip code)

3. The filer is a: *(check one)*

   ☐ Recipient committee ☐ Major donor/independent expenditure committee ☐ Slate mailer organization

   ☐ Other (specify)_____

   I am entitled to file campaign statements on behalf of the above campaign entity. I hereby apply for the issuance of a logon ID# and password in order to file statements/reports online/electronically.

4. I intend for an approved vendor or service provider to submit my campaign statements electronically on my behalf. I hereby authorize:

   EASYDISCLOSURE.COM, A SERVICE OF CAPITOL WEBWORKS, LLC.

   to obtain my logon filing ID# and password in order to file my statements/reports electronically.

   I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on: _____
                          (date)   (where signed)

   _____
   (signature)   (printed name of signer)

   copy to: CWW, 916-558-1518
   _____
   (phone number)   (fax number)   (e-mail address if available)

   If you are requesting the ID number and password for a new recipient committee (or slate mailer organization), attach a completed copy of the Form 410 (or Form 400) to the faxed application for logon ID number and password. If you have not already done so, be sure to immediately file the signed, original paper copy of the Form 410 (or Form 400) with the Political Reform Division of the Secretary of State's office.

   NOTE: Any online or electronic filing, by an approved vendor or otherwise, is presumed to be filed under penalty of perjury. (Government Code section 84605(h))

   ## FAX THIS APPLICATION TO (916) 558-1518

   (If you have questions, call 916-444-1424)