

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

**Contribution Limits:**

State contribution limits are now in effect for candidates for State Senate and Assembly and for committees that make contributions to candidates for elective state office. A chart identifying the limits is located at [www.fppc.ca.gov](http://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.

For information on when and where to file statements, recordkeeping requirements, prohibitions, and more, refer to the [FPPC Information Manual on Campaign Disclosure Provisions](#) (available from your filing officer or the FPPC). Also see the manual for information required to be provided to you pursuant to the Information Practices Act of 1977.

Copies of FPPC forms and informational materials are also available on the FPPC website ([www.fppc.ca.gov](http://www.fppc.ca.gov)).

This form was prepared by the Fair Political Practices Commission (FPPC).

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

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.

Date Stamp	<b>CALIFORNIA FORM 450</b>
Page _____ of _____	
For Official Use Only	

**Statement covers period**

from \_\_\_\_\_

through \_\_\_\_\_

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

\_\_\_\_\_

## 1. Type of Recipient Committee:

- |  |  |
|--|--|
| <input type="checkbox"/> Ballot Measure Committee                              | <input type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed   | <input type="radio"/> Sponsored                    |
| <input type="radio"/> Controlled   | <input type="radio"/> Small Contributor Committee  |
| <input type="radio"/> Sponsored  |  |
| <br>   |  |
| <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee |  |

## 2. Type of Statement:

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-election Statement   | <input type="checkbox"/> Quarterly Statement                                      |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-year Report                                  |
| <input type="checkbox"/> Termination Statement  | <input type="checkbox"/> Supplemental Pre-election<br>Statement - Attach Form 495 |
| <br>  |   |
| <input type="checkbox"/> Amendment (Explain) _____<br>(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

# Instructions for Recipient Committee Campaign Statement – Short Form

CALIFORNIA  
FORM **450**

## 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 Committees

A person, entity, or organization that receives contributions totaling \$1,000 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 Committees

A person, entity, or organization that receives contributions totaling \$1,000 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 Committees

A person, entity, or organization that receives contributions totaling \$1,000 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. Please 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**

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

SHORT FORM

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

**CALIFORNIA  
FORM 450**  
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* \$ \_\_\_\_\_

# Recipient Committee Campaign Statement – Short Form

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

SHORT FORM

**CALIFORNIA**  
**FORM** **450**

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

I.D. NUMBER

## 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.		<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
<b>SUBTOTAL \$</b>					

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

# Instructions for Recipient Committee Campaign Statement – Short Form

## 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.

### 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 for elective state office that is subject to contribution limits. In this section, disclose the total amount contributed in connection with each election and identify the election year. The primary and general elections are separate elections. For example, a \$3,000 contribution to a candidate for a primary election in 2002 would be disclosed as "\$3,000 P-02."

#### "Other" Column

Election	Year
Primary P	2002 02
General G	2003 03
Special S	2004 04
Runoff R	2005 05