

## Who Files

You **may** use this form to report a late payment received by your slate mailer organization, or you may use another format, as long as the information requested on this form is provided. Do not use Form 497 (Late Contribution Report).

You must file the information by fax, telegram, guaranteed overnight delivery service, or personal delivery. **Do not use regular mail.**

## When to File

File this report **within 24 hours** of receiving a late payment.

## Where to File

File this report at the same locations you file your regular Slate Mailer Organization Campaign Statement (Form 401).

## Definition

### Late Payment

A slate mailer organization late payment is a payment which:

- Totals \$2,500 or more received from a single source for the purposes of supporting or opposing any candidate or ballot measure in a slate mailer; and
- Is received during the 16 days immediately preceding the election for which the slate mailer was designed. (Gov. Code Section 84220.)

## How to Complete

### Filer Information

Provide the full name, street address, and telephone number of your slate mailer organization. Enter your organization's identification number.

### Late Payment Received From

Report the following for each late payment received:

- The payor's full name and street address. If the payor is an individual, report the payor's occupation and employer, or, if self-employed, report the name of the payor's business;
- The date you received the payment;
- The amount of the payment;
- The name of the candidate or ballot measure being supported or opposed by the late payment;
- The office sought and jurisdiction of each candidate being supported or opposed;
- The jurisdiction of each ballot measure being supported or opposed; and
- The amount attributed to each candidate or ballot measure.

### NOTE:

*Information reported on this Slate Mailer Organization Late Payment Report must be reported again on the next regular Slate Mailer Organization campaign statement (Form 401) filed.*

Refer to the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Slate Mailer Organizations (Manual F) for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

# Slate Mailer Late Payment Report

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

Date Stamp	<b>CALIFORNIA FORM</b>	<b>498</b>
	For Official Use Only	

NAME OF SLATE MAILER ORGANIZATION			STREET ADDRESS		
AREA CODE/PHONE NUMBER	OPTIONAL: FAX/E-MAIL	I.D. NUMBER	CITY	STATE	ZIP CODE

**Late Payment(s) Received From:**

NAME	I.D. NUMBER <i>(if applicable)</i>
ADDRESS	CITY STATE ZIP CODE
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED <i>(if applicable)</i>	

DATE RECEIVED:	AMOUNT
___ / ___ / ___	\$

NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$

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