

REQUEST FOR WAIVER OF LIABILITY

Secretary of State
Political Reform Division
P.O. Box 1467 (95812-1467)
1500 - 11th Street, Room 495
Sacramento, CA 95814
FORM PRD-1

FILER NAME

ADDRESS (No. and Street)

(AREA CODE) TELEPHONE NO.

CITY

STATE

ZIP CODE

PERIOD COVERED ON STATEMENT OR REPORT

FORM NO.

ID NO. (recipient committees)

AFTER REVIEWING "GOOD CAUSE" WAIVER RESTRICTIONS, IDENTIFY AND EXPLAIN REASON FOR LATE FILING AND INCLUDE SUPPORTING DOCUMENTATION (see attachment):

(Continue on reverse side, if needed)

I declare and certify under penalty of perjury that the foregoing information on this request for waiver is true and correct. I hereby request that the liability for failing to file a statement required by the Political Reform Act on time be waived.

EXECUTED ON _____, 19____, AT _____, _____.

(Month, Day) (City) (State)

(Signature)

(Type or Print Name)

(Signature)

(Type or Print Name)

AFTER REVIEWING "GOOD CAUSE" WAIVER RESTRICTIONS, IDENTIFY AND EXPLAIN REASON FOR LATE FILING AND INCLUDE RELATED DOCUMENTATION (Continued):

PRD OFFICE USE ONLY									
FORM INFORMATION									
Period Covered									
Form No.	Date Due	Date Filed	Liability						
			\$						
WAIVER ACTION									
Waived	_____	Action Justification/Comment: (circle one)		F1	F2	F3	F4	S1	S2
Reduced/ Amt. Fined	_____								
Waiver Denied	_____								