

Instructions for Amendment to Campaign Disclosure Statement

CALIFORNIA
1994 FORM

405

Part I. Name of Filer

Provide the full name of the committee. If the filer is a recipient committee, provide the name of the committee as it appears on the committee's Statement of Organization, Form 410. If the filer is a major donor committee or an independent expenditure committee, the name of the filer must be the same name as reported on the filer's Independent Expenditure Committee and Major Donor Committee Campaign Statement, Form 461.

Part II. Amendment Information

Identify in Section A the form that is being amended and include the date the original of that form was executed and the period it covered. Also check which part or schedule of the form is being amended (Section B), and describe all details that you want to become part of your official campaign statement (Section C). Also attach an amended cover page, summary page and/or appropriate schedule(s) to this Form 405 if needed for clarification.

Part III. Verification

Recipient Committees

An amendment filed by a recipient committee must be signed and verified by the committee treasurer and – if a controlled committee – by the officeholder, candidate, or state measure proponent who controls the committee. If a committee is controlled by two or three officeholders, candidates, or state measure proponents, each must sign the amendment. If more than three officeholders, candidates, or state measure proponents control the committee, one of them may verify and sign the amendment on behalf of all controlling officeholders, candidates, or proponents.

Sponsored Recipient Committees

If the amendment is being filed by a sponsored recipient committee, a responsible officer of the sponsor may, in certain circumstances, be required to verify and sign the amendment.

Individuals and Entities

If the amendment is being filed by an individual who is a major donor committee or independent expenditure committee, the individual must sign and verify the amendment. An amendment being filed by an entity or an entity filing jointly with any number of affiliates must be signed and verified by a responsible officer of the entity or by an attorney or a certified public accountant.

Amendment to Campaign Disclosure Statement

Type or print in ink.

AMENDMENT

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

Date Stamp

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For Official Use Only

I Name of Filer *(See important information on reverse.)*

NAME OF FILER

I.D. NUMBER
(IF APPLICABLE)

MAILING ADDRESS OF FILER (NO. AND STREET)

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

NAME OF TREASURER IF RECIPIENT COMMITTEE

PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET)

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

II Amendment Information

A. The following information amends campaign disclosure statement, Form No. _____ ,

executed on _____ for the period _____ through _____
(MO, DAY, YR) (MO, DAY, YR) (MO, DAY, YR)

B. The amended information affects items on the:

☐ Cover Page ☐ Allocation Page ☐ Summary Page

☐ Schedule(s) _____ ☐ Part(s) _____

C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached _____.)

III Verification *(See important information on reverse.)*

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules 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 _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF TREASURER OR FILER

Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification: I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the 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 _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE [INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT](#).

State of California Fair Political Practices Commission