Slate Mailer Organizations do not automatically terminate and may only terminate under the following circumstances:

- They have ceased to receive payments or make disbursements for the purpose of producing and distributing slate mailers.
- They do not anticipate receiving payments or making disbursements for the purpose of producing and distributing slate mailers in the future.
- They have filed all required campaign statements disclosing all reportable transactions.

Where to File:

 The original of the Statement of Termination is filed with the Secretary of State and, if applicable, a copy with the local filing officer with whom the organization files its original disclosure statements.

NOTE:

Additional filing obligations will be incurred if a Slate Mailer Organization receives payments or makes disbursements in connection with a slate mailer after a Statement of Termination has been filed.

Statement of Termination (Slate Mailer Organization)		Type or Print in Ink	Date Stamp	CALIFORNIA 402
This form must be completed by Slate Mailer Organizations in order to terminate pursuant to Government Code Section 84221.	FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH: Secretary of State Political Reform Division P.O. Box 1467 Sacramento, CA 95812-1467	AND, IF APPLICABLE, FILE ONE COPY OF THIS FORM WITH: The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements.		For Official Use Only
FULL NAME OF SLATE MAILER ORGANIZATION:	ID NUMBER	NAME OF TREASURER:		
STREET ADDRESS: (NOT P.O. BOX)	NO. AND STREET	PERMANENT ADDRESS OF T	REASURER: (NOT P.O. BOX)	NO. AND STREET
CITY	STATE ZIP CODE	CITY	STATE	ZIP CODE
AREA CODE PHONE NO.		AREA CODE DAYTIM	E PHONE NO.	
Verification I have used all reasonable diligence connection with producing "slate mai statements required by the Political I that the foregoing is true and correct	lers," does not anticipate receiv Reform Act disclosing all reporta	ring payments or making disbursem	nents in the future, and ha	s filed all campaign
Executed on	AtCITY AND STATE	By	SIGNATURE OF RESPONSIB	LE OFFICER
Name of Responsible Officer	TYPE OR PRINT	Title		

NOTE: Additional filing obligations will be incurred if a Slate Mailer Organization receives payments or makes disbursements after this Statement of Termination has been filed.