**LM-21 Validation Rules/Messages**

Validations Types:

V.1 Field Level Validations- indicated to user upon field exit as pop up.

V.2 Page/Item level Validations – indicated to user prior to exiting item or page

V.3 Form level validation – any validations that require multiple pages to determine the outcome, plus any page level validations that are not satisfied. The user can run 1 validation to validate all pages and form level validations.

V.4 Warnings – Any validations that are not required to be corrected.

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| Page # | **Area/**  **Item** | Field(s) | Validation Type | Validation Rule | Validation Message |
| 1 | **Item 1** | **File number**: C  A five-digit numeric in the format of C-XXXXX assigned by OLMS. This data will be prefilled. | Pre-fill | No validation required |  |
| 1 | **Item 2** | **2. Period Covered By This Report:**  **From:**  **Through:** | V.1 - Field Level Validation | If the **From** year entered is greater than the current year**.** | Item 2: From date cannot be a future date. |
| V.2 – Page/Item level Validation | If the **From** date field is blank | Item 2: Please enter the Period Covered 'From' date. |
| If the **Through** year entered is greater than the current year**.** | Item 2: Through date cannot be a future date. |
| If the **Through** date field is blank | Item 2: Please enter the Period Covered 'Through' date. |
| If the period is more than 12 months | Item 2: Period Covered cannot be longer than a year. |
| 1 | **Item 3** | **3. Name and mailing address (including ZIP Code)**  **First Name,**  **Middle Name,**  **Last Name,**  **Title,**  **Organization,**  **P.O Box, Bldg., Room No., if any,**  **Street,**  **City,**  **State,**  **Zip Code +4** | V.2 – Page/Item level Validation | The First Name is pre-filled; however the filer may edit the field. If First Name is blank | Item 3: Please enter your first name. |
| The Last Name is pre-filled, however the filer may edit the field. If the Last Name is blank | Item 3: Please enter your last name. |
| Organization is pre-filled and will be read-only. | No Validation required. |
| Either Street or P.O box will be pre-filled, however the filer may edit the field. If both PO Box and Street address fields are blank | Item 3: Please enter either a street address or a P.O. Box. |
| If City is blank | Item 3: Please enter the name of the city. |
| If State is blank | Item 3: Please select the state. Select OO for non-U.S. territories. |
| If Zip Code +4 is blank | Item 3: Please enter 5 or 9 digit zip code in the format of ‘xxxxx-xxxx’. |
| If Zip Code format is in correct (should be either ‘xxxxx’ or ‘xxxxx-xxxx’) | Item 3: Please enter 5 or 9 digit zip code in the format of ‘xxxxx-xxxx’. |
| 1 | **Item 4** | **Any other address where records necessary to verify this report are kept:**  **First Name,**  **Middle Name,**  **Last Name,**  **Organization,**  **P.O Box, Bldg., Room No., if any,**  **Street,**  **City,**  **State,**  **Zip code + 4** | This is not a required section. However, if any information is entered in this section the following validation rule will be applied.  V.2 – Page/Item level Validation | If First Name is blank | Item 4: Please enter your first name. |
| If the Last Name is blank | Item 4: Please enter your last name. |
| If Organization is blank | Item 4: Please enter the Organization name. |
| If either PO Box or Street address is blank | Item 4: Please enter either a street address or a P.O. Box. |
| If City is blank | Item 4: Please enter the name of the city. |
| If State is blank | Item 4: Please select the state. Select OO for non-U.S. territories. |
| If Zip is blank | Item 4: Please enter 5 or 9 digit zip code in the format of ‘xxxxx-xxxx’. |
| 2 | **Item 5.a** | **5.a. Name and address of Employer (include trade name, if any),**  **Employer** | V.2 – Page/Item level Validation | At least one employer is required. If the page is blank | Item 5.a. Please add the employer. |
| 2 | **Item 5.a** | **5.a. Name and address of Employer (include trade name, if any),**  **First Name,**  **Last Name,**  **Title,**  **P.O. Box, Bldg., Room No., if any,** **Street,**  **City,**  **State,**  **Zip +4** | V.2 – Page/Item level Validation | If the employer name is blank | Item 5.a. Please select or enter the name of the Employer. |
| If First Name is blank | Item 5.a: Please enter the first name of the person to whom the mail should be directed. |
| If the Last Name is blank | Item 5.a: Please enter the last name of the person to whom the mail should be directed. |
| If Title is blank | Item 5.a: Please enter your officer position or job title of the person to whom the mail should be directed. |
| If both PO Box or Street address fields are blank | Item 5.a: Please enter either a street address or a P.O. Box where the mail should be sent and received. |
| If City is blank | Item 5.a: Please enter the name of the city. |
| If State is blank | Item 5.a: Please select the state. Select OO for non-U.S. territories. |
| If Zip is blank | Item 5.a: Please enter the zip code. |
| 2 | **Item 5.b.** | **5.b.Termination Date** |  | This field can be blank | No validation is required. |
| 2 | **Item 5.c** | **5.c. Amount** | V.2 – Page/Item level Validation | If the field is blank | Item 5.c. Amount cannot be blank. If no cash value, enter $0. |
| 2 | **Item 5.c** | **Type of Payment** | V.2 – Page/Item level Validation | If ‘Non-Cash Payment’ checkbox is checked, but the ‘Type of Payment’ field is blank. | Item 5.c. Please enter the type of payment. |
| 3 | **Item 7** | **7. Disbursements to Officers and Employers:**  **Last Name,**  **First Name,**  **Salary,**  **Expenses** | V.2 Page/Item level validation | If the filer entered data in any field in a row and the 7(a). First Name is not entered | Item 7.a Please enter the first name of the Officer/Employee. |
| If the filer entered data in any field in a row and the 7(a). Last Name is not entered | Item 7.a Please enter the Last name of the Officer/Employee. |
| If the filer entered data in any field in a row and the 7(b) and 7 (c) are blank. | Please enter the value in 7b and/or 7c. |
| 3 | **Item 9** | **9. Officer and Administrative Expenses.** | V.2 Page/Item level validation | If item 9 is blank | Item 9 cannot be blank. If no expenses, enter $0. |
| 3 | **Item 10** | **10. Publicity.** | V.2 Page/Item level validation | If item 10 is blank | Item 10 cannot be blank. If no disbursements related to the publicity, enter $0. |
| 3 | **Item 11** | **11. Fees for Professional Services** | V.2 Page/Item level validation | If item 11 is blank | Item 11 cannot be blank. If no fees paid for professional services, enter $0. |
| 3 | **Item 12** | **12. Loans Made** | V.2 Page/Item level validation | If item 12 is blank | Item 12 cannot be blank. If no loans made, enter $0. |
| 3 | **Item 13** | **13. Other Disbursements** | V.2 Page/Item level validation | If item 13 is blank | Item 13 cannot be blank. If no other disbursements made, enter $0. |
| 4 | **D. Schedule of Disbursements for Reportable Activity.** | **Item 15a-16** | V.2 – Page/Item level Validation | If the statement B and D are blank.  Note: this validation should be enabled only when the filer is validating page 4 or performing form level validation. | Both Statement B and Schedule D cannot be blank. |
| 4 | **Item 15.a** | **15.a. Employer Name** | V.2 – Page/Item level Validation | If statement B is blank, at least one employer details needs to be added to this page. | Item 15.a. Please add the Employer Name. |
| 4 | **Item 15.C** | **15.C. To Whom Paid.**  **First Name,**  **Last Name,**  **Title,**  **Organization,**  **P.O. Box, Bldg., Room No., if any,** **Street,**  **City,**  **State,**  **Zip +4** | V.2 – Page/Item level Validation | The following validation is applicable if Statement B is blank and if Page 4 (statement D is not blank) | |
| If First Name is blank | Item 15.c: Please enter the First Name of the person to whom the payment was made |
| If the Last Name is blank | Item 15.c: Please enter the Last Name of the person to whom the payment was made |
| If Title is blank | Item 15.c: Please enter your officer position or job title of the person to whom the payment was made |
| If Organization is blank | Item 15.c: Please enter the organization of the person to whom the payment was made. |
| If both PO Box or Street address fields are blank | Item 15.c: Please enter either a street address or a P.O. Box |
| If City is blank | Item 15.c: Please enter the name of the city. |
| If State is blank | Item 15.c: Please select the state. Select OO for non-U.S. territories. |
| If Zip is blank | Item 15.c: Please enter the zip code. |
| 4 | **Item 15.d.** | **15.d.Amount** | V.2 – Page/Item level Validation | If the field is blank | Item 15.d: Please enter the amount. |
| 4 | **Item 15.e.** | **15.e.Purpose** | V.2 – Page/Item level Validation | If the field is blank | Item 15.e: Please enter the purpose of the disbursement. |
|  | **FORM pass validation** | **If all the page level validations passed** | V.3 - Form Level | If all required fields passed the validation. | This form has passed the validation check. Validations only check to make sure data has been entered properly in the form, but there could still be reported errors in the form, Please review the link to make sure this form has been filled our according to the requirements. Please click on a signature field to sign, |
|  | **Item 13-14** | **Signature** | V.2 – Page/Item level Validation | If the filer entered the password incorrectly | The Password you entered is incorrect. If you have forgotten your user ID or Password, please choose ‘***Forgot your Password’*** links from the EFS Login Page. |
|  |  | **Navigation**  (Navigation from one page/item to another using ‘NEXT ->’ and ‘Previous’ buttons or navigating by selecting links or selecting another page/item). |  | Navigation from one page/item to another using ‘NEXT ->’ and ‘Previous’ buttons or navigating by selecting links or selecting another page/item, the system shall display a confirmation box to save the information. If the filer selected ‘Yes’, then the system shall save the data. If the filer select ‘No’ the system shall not save the data on the current page. | Click ‘Yes’ to save your work. If you click ‘No’ data entered on this page will be lost. |
|  |  | **Submit** |  | When the filer signed the form and on the click of “Submit” button | A pop-up box displaying the following sections needs to be displayed. (the LM-20 form submission)  Top section- the following message should be displayed with “**Download**” button  “Download a copy of this report NOW for your records before submitting.  There is NO PRINT CAPABILITY via EFS once the report is submitted  Click Download and/or Submit to finish”  Bottom section - “Submit” and “Cancel” button should be displayed. |
|  |  | **LM-21 Submission – on click of Submit button** | Confirmation Notice | If the LM-21 is successfully submitted, this message should be displayed | Your Form LM-21  has been successfully submitted. Thank you. Your confirmation number is <Confirmation #>. Please make a note of this number for your records. |
|  |  | **LM-21 –Submission error** |  | If the LM-21 form is not submitted successfully due to any error, this message should be displayed. | Your Form LM-21 submitted on <Date & Time> was not successfully submitted due to the following reasons:  <<<List of Error messages>> |
| **LM-21 User and Consultant Registration** | | | | | |
|  | **LM-21 User Registration** | **User ID and Password** | Error | If the user enters an invalid user account information | The User ID or Password you entered is incorrect. If you are unsure of your User ID or Password, please select the link for ‘Forgot User ID’ or ‘Forgot Password’ from the EFS login page. |
| **Registering the consultant and starting a new form** | Error | If the filer did not enter the Organization | Please enter the Organization |
|  | If there is no LM-20 files for the selected organization (file # entered) | The selected File Number do not have an LM-20 submitted. An LM-20 form must be filed prior to submitting an LM-21 report. For support, please contact OLMS Help Desk at 1-866-401-1109 (toll free) . |
|  | If the filer did not enter the Street address or P.O box | Please enter the Street address or P.O box |
|  | If the filer did not enter the City | Please enter the City name |
|  | If the filer did not select the State | Please select the state. Select ‘00’ for a non-state. |
|  | If the filer did not enter the Zip code | Please enter the Zip. |