

# 496 24-hour Independent Expenditure Report Instructions

CALIFORNIA  
FORM **496**

## Use this form for:

### State Elections

- Independent expenditures that total in the aggregate **\$1,000 or more** to support or oppose a **single candidate for elective state office or a single state ballot measure** must be reported during the 90-day election cycle.

“Election cycle” means the period of time beginning 90 days prior to the candidate’s or measure’s election and ending on the date of the election.

- File Form 496 electronically with the Secretary of State within 24 hours of making the independent expenditure(s). No paper copies are required and no copies are required to be filed with other filing officers.
- A committee that makes independent expenditures in connection with a CalPERS or CalSTRS election must also file a copy with the relevant board office.
- Ballot measure reports: At all times other than the 90-day election cycle, independent expenditures that total in the aggregate **\$5,000 or more** to support or oppose a **single state ballot measure** must be reported within 10 business days of making the independent expenditure. File Form 496 electronically with the Secretary of State.

### Local Elections

- Independent expenditures that total in the aggregate \$1,000 or more to support or oppose a single candidate for elective local office or a single local ballot measure must be reported as 24-hour independent expenditures during the 90 days preceding the election or on the date of the election in which the candidate or measure will be voted on.
- File Form 496 within 24 hours of making the independent expenditure(s) with the filing officer(s) who would receive your campaign statements if you were a committee primarily formed to support or oppose the candidate or ballot measure.
- File Form 496 by fax, guaranteed overnight delivery, or personal delivery. **Regular mail may not be used.** A local ordinance also may require this form to be filed electronically.

### Additional Requirements:

#### Form 462: New Verification Requirements

The principal officer, or in the case of a controlled committee, the candidate or state measure proponent who controls the committee, must verify that he/she has not received any unreported money or reimbursement to make the independent expenditures and has not coordinated with the candidate or the opponent of the candidate or the proponent or the opponent of the state measure that is the subject of the expenditure. Form 462 must be filed with the Fair Political Practices Commission.

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## Fast Facts:

### What is an “independent expenditure”?

An “independent expenditure” is an expenditure made in connection with a communication (e.g., a billboard, advertisement, mailing) that expressly advocates the nomination, election, or defeat of a clearly identified candidate or the qualification, passage, or defeat of a clearly identified measure. An independent expenditure is a payment that is not made to—or at the behest of—the affected candidate or committee.

**Candidates:** This form is not required for expenditures supporting your election that are made from your committee, including expenditures opposing an opponent.

**Ballot Measure Committees:** A primarily formed ballot measure committee does not file this form for expenditures made in support of its campaign.

**Reporting Examples:** A committee makes an independent expenditure by paying for an advertisement opposing two candidates. The ad costs \$4,000 and features the candidates equally. The committee must file a separate Form 496 for each candidate and disclose \$2,000 for each candidate.

A committee makes a \$500 independent expenditure 60 days before the election and a second independent expenditure of \$600, 20 days before the election. A Form 496 is required 24 hours after the second payment.

## How to Complete Form 496:

**Report Number:** Assign a unique identifying number to each Form 496.

**Part 1. Candidate or Measure:** Identify the candidate or ballot measure supported or opposed. Include the candidate’s district number (if any) or the letter or number of the ballot measure. Use a separate form for each candidate or measure.

**Part 2. Independent Expenditures:** Provide the date, and in the description field the type (e.g., radio advertisement, billboard, mailing) and the cumulative to date total for that candidate or measure. In the amount field, list the amount of the specific expenditure(s) disclosed in the description field.

**Part 3. Contributions Received:** Disclose contributions of \$100 or more received since the closing date of your last campaign statement (Form 450 or 460) through the date of the independent expenditure. Start with January 1 if no statement has been filed.

Disclose the name and address of the contributor and, if the contributor is an individual, his or her occupation and the name of his or her employer. If the contributor is self-employed, disclose the name of the business. Also disclose the date and amount of the contribution, the contributor code, and type of contribution. Enter the interest rate if the contribution is a loan.

Once you have disclosed a contribution on this form (Form 496), it is not necessary to report that contribution on any additional Form 496 filings you make.

**Amendments:** Describe the amendment. If the cumulative to date total is accurate on the most recent Form 496 filed, the committee is not required to amend the cumulative to date total amount on previous reports.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee. Campaign filing deadlines, forms, and other informational materials are available on the FPPC website ([www.fppc.ca.gov](http://www.fppc.ca.gov))

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Amounts may be rounded to whole dollars.

|                        |                             |                                                                                                                                                              |            |                                                     |
|------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------|
| NAME OF FILER          |                             | Date of This Filing _____<br><br>Report No. _____<br><br><input type="checkbox"/> Amendment to Report No. _____<br>(explain below)<br><br>No. of Pages _____ | Date Stamp | <b>CALIFORNIA FORM 496</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) |                                                                                                                                                              |            |                                                     |
| STREET ADDRESS         |                             |                                                                                                                                                              |            |                                                     |
| CITY                   | STATE ZIP CODE              |                                                                                                                                                              |            |                                                     |

## 1. List Only One Candidate or Ballot Measure

|                                        |              |         |        |                                             |              |         |        |
|----------------------------------------|--------------|---------|--------|---------------------------------------------|--------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED |              |         |        | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED |              |         |        |
| OFFICE SOUGHT OR HELD                  | DISTRICT NO. | SUPPORT | OPPOSE | BALLOT NO./LETTER                           | JURISDICTION | SUPPORT | OPPOSE |

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------|----------------------------|--------|
|      |                            |        |
|      |                            |        |
|      |                            |        |
|      |                            |        |
|      |                            |        |

Reason for Amendment: \_\_\_\_\_

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NAME OF FILER

I.D. NUMBER (If applicable)

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE **                                                                                                                                          | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

FPPC Form 496 (Jan/2016)  
 FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)