



Placer County Elections Office

3715 Atherton Road
Rocklin, CA 95765

(530) 886-5650

REQUEST FOR WAIVER OF LIABILITY

FILER NAME (Committee / Candidate / Major Donor / Lobbying Entity, etc.)

ADDRESS (Number and Street)

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

PERIOD COVERED ON STATEMENT OR REPORT

FORM NO.

ID NUMBER

REASON FOR LATE FILING (Identify and explain the reason for late filing, including all relevant supporting documentation.) To learn more about the guidelines for the waiver of liability and late filing fines please visit:

<https://www.sos.ca.gov/campaign-lobbying/helpful-resources/fines-late-filing-disclosure-statements-and-reports/guidelines-waiver-liability-late-filing-fines>

(Continue on reverse or on a separate page)

I declare and certify under penalty of perjury that information on and attached to this Request for Waiver of Liability is true and correct. I hereby request that Placer County Elections Office waive liability for the late filing fine related to the above referenced statement or report.

EXECUTED ON _____, 20____ AT _____ State

Month, Day City

Signature of filer, treasurer, responsible officer, or representing attorney

Type or Print Name

REASON FOR LATE FILING (Continued):

ELECTIONS OFFICE USE ONLY

| | | | | | | | |
|------------------------|-------------------|--|--------------|---|--|--|--|
| Period Covered | | Electronic Filing: | | Non-Filer: | | | |
| | | <input type="checkbox"/> On Time <input type="checkbox"/> Not Yet Filed <input type="checkbox"/> Not Qualified | | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Referred | | | |
| Date Due | | Form No. | | | | | |
| Date Filed | ELECTRONIC | | PAPER | Reviewer notes: | | | |
| | | | | | | | |
| | Document ID | | | | | | |
| Liability | \$ _____ | | \$ _____ | | | | |
| TOTAL LIABILITY | | \$ _____ | | | | | |
| WAIVER ACTION | | | | | | | |
| | ELECTRONIC | | PAPER | | | | |
| WAIVED | \$ _____ | | \$ _____ | | | | |
| REDUCED | \$ _____ | | \$ _____ | | | | |
| DENIED | \$ _____ | | \$ _____ | | | | |