

Guidelines

Political Reform Division

Request for Waiver of Liability

CA SOS
POLITICAL REFORM
DIVISION

PRD-1

How to File for a Waiver of Liability

- Use the CA SOS Form PRD-1 Request for Waiver of Liability
- Complete one form per liability
- Include substantiating and supporting documents, if applicable
- Sign with original signature on paper or with verified digital signature on pdf
- Submit within 30 calendar days of the first late filing liability notice or the time frame specified on the non-filer notice

There is no provision for refunds or credits on account for previously paid fines.

Waiver Request Criteria

Reasons for consideration of a full (100%) or partial (50%) waiver include:

- **Serious illness or hospitalization** of the filer or directly affecting ability to file
- **Unavailability of records*** for reasons such as natural disaster, fire, theft, etc.
- **Fair Political Practices Commission (FPPC) enforcement actions*** resolved for the same late filing
- **First-time filers** not using a professional or experienced treasurer at the time of the filing obligation
- **Other unique circumstances** that prevented a timely filing

*Substantiation is required, please attach to form at time of filing

Where to File

With original ink signature mail to:

California Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814

Or with verified digital signature via email to:

digitalfiling@sos.ca.gov

As a PDF attachment

Must contain a verified digital signature on the Signature Line

Please access the Secretary of State's website for detailed instructions on how to submit a filing with a verified digital signature

Common Reasons for Waiver Denial

The following are examples of reasons that do not constitute eligibility for a waiver:

- Not knowing the filing requirements
- Administrative or clerical error
- Not available to sign forms
- Change of personnel
- Neglect or forgetfulness
- The transaction was reported by another party or on another report

For more information on waiver request criteria, access the Secretary of State's website.

CA SOS
POLITICAL REFORM
DIVISION

CA SOS
POLITICAL REFORM
DIVISION

| | |
|------------------|---------------|
| Filer Name: | |
| ID Number: | Phone Number: |
| Email Address: | |
| Mailing Address: | |

| | |
|-------------------------------------|---|
| Document Filed: | <input type="checkbox"/> Electronic <input type="checkbox"/> Paper or Email |
| Document ID Number (if applicable): | |
| Period Covered: | |
| Date Due: | Date Filed: |
| Liability Incurred: | |

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Serious Illness or hospitalization <input type="checkbox"/> Unavailability of Records* (ex: natural disaster, fire, theft, etc.) <input type="checkbox"/> FPPC Enforcement Action* <input type="checkbox"/> STIP <input type="checkbox"/> PREP <input type="checkbox"/> Warning Letter <input type="checkbox"/> First-Time Filer <input type="checkbox"/> Other Unique Circumstance | | <input type="checkbox"/> *Supporting Documents Included List of Attachments: | |
| Explain why you filed late (Do not provide Protected Health Information (PHI) on this form): | | | |
| 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 the Secretary of State's office waive liability for the late filing fine related to the above referenced statement or report. | | | |
| Date of Execution: | | Location (ex: City, State): | |
| Signature of filer, treasurer, responsible officer or representing attorney | | | |
| Printed Name: | | Title: | |