

# 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](mailto: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.

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**FILING ENTITY INFORMATION**

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

**LATE FILING INFORMATION**

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:	

**REASON FOR REQUEST** *review instructions*

<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 (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: