

CAL Document: 2.01

**California File .CAL Layouts**

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**\* OVERVIEW \***  
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This document contains the design definition for the FPPC Form 462 as a supplement to the California Electronic Filing Format version 2.01, published November 5<sup>th</sup>, 2001.

This document should only be referenced in conjunction with the complete California Electronic Filing Format version 2.01 specification document. All references in this document to acceptable entity, office or jurisdiction codes refer to the codes used in the complete California Electronic Filing Format.

The filing format is in the public domain and is non-proprietary. There are no intellectual property limitations associated with the filing format. The format is administered by the Secretary of State and all changes or corrections to the format will be managed by the Secretary of State.

Proposed filing formats are provided for the following forms:

**CAMPAIGN**

**462** Verification of Independent Expenditures

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**Section 1 - Campaign Disclosure Reports**  
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**462** Verification of Independent Expenditures

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**Electronic File Components by Filing Type**

<u>RecType</u>	<u>FormName</u>	<u>Description</u>
HDR	CAL	"CAL" Header record
CVR	F462	Cover Page; Part I; Filer Information
VIE	F462	Cover Page; Part II; Independent Expenditures
CVR3	F462	Cover Page; Part III; Verification Information
TEXT	F462	Additional TEXT record(s) (optional)

**COVER PAGE RECORD LAYOUT FOR F462 DISCLOSURE REPORTS**

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#	R{x} C{x}	Field Name	Max Len	Description
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01	Rx	Rec_Type	3	Record Type Value: CVR
02	Rx	Form_Type	4	Type of Filing or Form set. Values: F462
03	Rx	Filer_ID	9	Committee ID number of Filer
04	O	Entity_Cd	3	Values: COM – Committee ETY – Other entity IND -- Individual
05	Rx	Filer_NamL	200	Filer's Last name
06	C	Filer_NamF	45	Filer's First name(s) (Required for persons)
07	O	Filer_NamT	10	Filer's Prefix or Title
08	O	Filer_NamS	10	Filer's Suffix
09	Rx	Report_Num	3	Report Number - Values: 000 - Original Report 001-999 - Amended Report #1-#999
10	Rx	Rpt_Date	8	Date this report is filed
11	R	Filer_Adr1	55	Street 1 of Filing Entity
12	O	Filer_Adr2	55	Street 2 of Filing Entity
13	R	Filer_City	30	City of Filing Entity
14	R	Filer_ST	2	State of Filing Entity
15	R	Filer_ZIP4	10	ZIP+4 of Filing Entity
16	O	Filer_Phon	20	Phone Number of Filing Entity
17	O	Filer_FAX	20	FAX Phone
18	O	File_Email	60	Email
19	Cx	AmendExp_1	100	Amendment Explanation line 1
20	O	AmendExp_2	100	Amendment Explanation line 2
21	O	AmendExp_3	100	Amendment Explanation line 3 (Required if Report_Num > 0)

**INDEPENDENT EXPENDITURES – PART 2**

#	R{x} C{x}	Field Name	Max Len	Description
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01	Rx	Rec_Type	4	Record Type Value: VIE
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) Values: F462
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	O	Entity_Cd	3	Values: CAO – Candidate/Officeholder BNM – Ballot Measure
05	Rx	Cand_NamL	200	Candidate's Last name
06	Rx	Cand_NamF	45	Candidate's First name
07	O	Cand_NamT	10	Candidate's Prefix or Title
08	O	Cand_NamS	10	Candidate's Suffix
09	Cx	Office_Cd	3	Office Sought (See table of codes)
10	Cx	Offic_Dscr	40	Office Sought Description (Req. if Office_Cd=OTH)
11	Cx	Juris_Cd	3	Office Jurisdiction Code Values: STW=Statewide; SEN=Senate District; ASM=Assembly District; BOE=Board of Equalization District; CIT=City; CTY=County; LOC=Local; OTH=Other
12	Cx	Juris_Dscr	40	Office Jurisdiction Description (Req. if Juris_Cd=[CIT CTY LOC OTH])
13	Cx	Dist_No	3	Office District Number (Req. if Juris_Cd = [SEN ASM BOE])
14	O	Off_S_H_Cd	1	Office Sought/Held Code: H=Held; S=Sought

**INDEPENDENT EXPENDITURES – PART 2 (Continued)**

#	R{x} C{x}	Field Name	Max Len	Description
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15	C	Bal_Name	200	Ballot Measure Name
16	C	Bal_Num	3	Ballot Number or Letter
17	C	Bal_Juris	40	Jurisdiction of Ballot Measure
18	R	Sup_Opp_Cd	1	Support/Oppose? Values: S; O
19	R	Elec_Date	8	Date of election.

**COVER PAGE (VERIFICATION INFORMATION) RECORD LAYOUT**

#	R{x} C{x}	Field Name	Max Len	Description
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01	Rx	Rec_Type	4	Record Type Value: CVR3
02	Rx	Form_Type	4	Form_Type (must equal Form_Type in CVR record) Values: F462
03	Rx	Tran_ID	20	Transaction ID - permanent value unique to this item
04	Rx	Entity_Cd	3	Values: CAO - Candidate/Office-holder OFF – Responsible Officer PRO - Proponent
05	Rx	Sig_Date	8	Date when signed
06	O	Sig_Loc	45	City and State where signed
07	Rx	Sig_NamL	200	Signer's "as signed" Last name
08	Rx	Sig_NamF	45	Signer's "as signed" First name
09	O	Sig_NamT	10	Signer's "as signed" Prefix or Title
10	O	Sig_NamS	10	Signer's "as signed" Suffix