

REQUEST FOR RELIEF FROM LATE FILING FEES

Late filing fees are imposed pursuant to Nebraska Statutes. State Statute provides that a person required to pay a late filing fee may apply to the Commission for relief. There are two ways that relief may be provided from late filing fees. The first instance under which relief may be granted is noted below as Part I and the second instance, noted on the back of this form is indicated as Part II. *See Parts I and II below.*

PART I

The Commission, by order, may reduce the amount of a late filing fee upon a showing that:

- (1) There was no intent to file late;
- (2) The person has not been required to pay late filing fees for two years prior to the time the filing was due;
- (3) The late filing shows that less than \$5,000 was raised, received, or expended during the reporting period; and
- (4) A reduction of the late filing fees would not frustrate the purposes of the NPADA.

If you meet all of the criteria above, you may ask for relief. Please sign and date below indicating that you understand the criteria and are asking for relief. Then return this signed notice and request to the Nebraska Accountability and Disclosure Commission, 11th Floor, State Capitol Building, P.O. Box 95086, Lincoln, NE 68509.

I hereby acknowledge the fact that I have read and understand the above circumstances under which relief may be granted and request the same.

Name: _____
Please Type or Print

Committee: _____
Please Type or Print Committee Name if applicable

Company: _____
Please Type or Print Company Name if applicable

Signature: _____

Date: _____

PART II

The Statutes also provide that the Commission may suspend or modify reporting requirements, in a particular case, for good cause shown, or it finds that literal application of the NPADA works a manifestly unreasonable hardship and that such a modification of the filing requirements would not frustrate the purposes of the NPADA. The following may be circumstances sufficient to prove good cause or unreasonable hardship:

- Hospitalization or other incapacitation for medical reasons;
- Accident involvement, Death;
- Loss or unavailability of records due to a fire, flood, theft, or similar reason; weather strikes involving transportation systems;
- Other unique, unintentional factors beyond the filer's control not stemming from a negligent act or non-action.

The circumstances must involve the time period relevant to the filing of the statement or report in question. In the case of circumstances involving hospitalization, accident, or death, the person(s) to whom these causes relate is (are) limited to:

- (1) A person required to file. In the case of a candidate committee, this is the candidate or treasurer. In the case of all other committees, this is the treasurer.
- (2) A person whose participation is essential to the preparation of the statement or report.
- (3) A member of the immediate family of the persons listed in items (1) and (2); namely, a spouse or dependent.

The circumstances listed above are provided as a guideline to the type of showing required to warrant relief. Each case is considered independently based upon the facts of the particular late filing and the circumstances causing the statement or report to be late. Person's requesting relief from late filing fees must provide an explanation as to why the report was not filed on time. Requests may also be presented in a request for a formal hearing before the Commission or as a request to be heard informally.

If you are requesting relief under Part II, you must provide documentation that establishes that you are eligible for relief under this section. Please sign and date below; and send this notice along with your documentation to the Nebraska Accountability and Disclosure Commission, 11th Floor, State Capitol Building, P.O. Box 95086, Lincoln, NE 68509

I acknowledge the fact that I have read and understand the above circumstances under which relief may be granted; will provide evidence that demonstrates that I am eligible for relief according to the criteria noted above; and hereby request relief:

Name: _____
Please Type or Print

Committee: _____
Please Type or Print Committee Name if applicable

Company: _____
Please Type or Print Company Name if applicable

Signature: _____

Date: _____