

AMENDED STATEMENT OF FORMATION

Candidate's Campaign Committee

W.S. 22-25-106(e)

IMPORTANT! A person found guilty of violating Wyoming campaign finance statutes is subject to criminal charges.

1. Who can submit this form?

This form is for candidate committees for county and municipal candidates, a district attorney, magistrate, school or community college district trustees.

2. Campaign Committee Name

Name of Committee (*Currently on Record*): _____

3. Amended Campaign Committee Information

**Please only complete information that is being updated.*

Committee Name: _____ Phone Number: _____
Mailing Address: _____ Date Committee Formed: _____
(Street Address) Website: _____
_____ Email Address(es): _____
(City, State, Zip)

Name of Chairman: _____ Name of Treasurer: _____
Chairman Address: _____ Treasurer Address: _____
(Street Address) (Street Address)
_____ (City, State, Zip) _____ (City, State, Zip)

*(*Note: The chairman and treasurer must be separate individuals.)*

4. Please select the appropriate statement below

Committee formed **before** an election to support the following candidate:

Name: _____
Party Affiliation: _____
Office Sought: _____

Committee formed **after** an election to defray campaign expenses for the following candidate:

Name: _____
Party Affiliation: _____
Office Sought: _____

5. Signature Required

I certify that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Chairman or Treasurer

Date

6. Filing Office

Please file at the office of your local County Clerk.

- Please visit <https://soswy.state.wy.us/Elections/Docs/WYCountyClerks.pdf> for office information.