

# 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:

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Party Affiliation: \_\_\_\_\_

Party Affiliation: \_\_\_\_\_

Office Sought: \_\_\_\_\_

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.