

# 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://sos.wyo.gov/Elections/Docs/WYCountyClerks.pdf> for office information.