

Statement of Formation

Candidate's Campaign Committee

W.S. 22-25-101(b)

Note: A candidate is not required to have a campaign committee. However, if two or more persons join together for the purpose of raising, collecting or expending money to assist and aid the election of a specific candidate for public office, they meet the definition of a candidate's campaign committee. See instructions on next page.

1. Who must submit this form?

Persons forming a campaign committee to support a candidate for a county of municipal office, a district attorney, magistrate, school or community college trustee.

2. Do you currently have a campaign committee that has not yet terminated?

YES NO

a. If yes, please submit the [Amended Statement of Formation](#) form to update any changes.

b. If no, please provide the information listed below (sections 3-6).

3. New Campaign Committee Information

New Committee Name: _____ Date Committee Formed: _____
Mailing Address: _____ Phone Number: _____
(Street Address) Website: _____

(City, State, Zip) Email Address: _____

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. Purpose of formation (Please select one option.)

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. Where do I file?

- File: Office of your local County Clerk.
 - Please visit <https://soswy.state.wy.us/Elections/Docs/WYCountyClerks.pdf> for office information.

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: _____ <i>(Street Address)</i>	Date Committee Formed: _____
_____ <i>(City, State, Zip)</i>	Website: _____
	Email Address(es): _____

Name of Chairman: _____	Name of Treasurer: _____
Chairman Address: _____ <i>(Street Address)</i>	Treasurer Address: _____ <i>(Street Address)</i>
_____ <i>(City, State, Zip)</i>	_____ <i>(City, State, Zip)</i>

*(*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.

Termination Form

Political Action Committees & Candidate Committees 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 **ONLY** used for county or local PACs/Candidate Committees. Statewide PACs and Candidate Committees must terminate online at www.wycampaignfinance.gov.

2. Committee Information

Committee Name: _____ Phone Number: _____
Mailing Address: _____
(Street Address) Date last report filed: _____

(City, State, Zip)

3. The committee listed above has retired all debts pursuant to W.S. 22-25-106 (b).

Yes No

(Note: All debts must be retired prior to termination.)

1. Contributions and Expenditures

In addition to the summaries required below, please provide a complete report of contributions and expenditures incurred since the last reporting period on the attached sheets, (starting on pg. 2).

- a. Total Contributions for this filing period: \$ _____
b. Total Expenditures for this filing period: \$ _____

2. Signature Required

I hereby affirm that all debts of the above committee have been retired.

Signature of Treasurer _____
Date
Treasurer's Email Address: _____

Signature of Chairman _____
Date
Chairman's Email Address: _____

3. Where do I file?

File: Office of your local County Clerk.

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

Contributions – Individuals

(Contributions from corporations, unions, partnerships, and associations are prohibited.
Contributions from sole proprietorships are legal, but must be identified as such.)

Name	Address (City, State, Zip)	Date	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Political Action Committees

Name (Identify by Full Name)	Address (City, State, Zip)	Date	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Political Party Central Committees

Name	Address (City, State, Zip)	Date	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Corporations, Organizations, Associations, etc.

May be used for PAC administrative costs or costs of soliciting contributions (WS 22-25-102(k)(iii)); to support or oppose a ballot proposition or an initiative or referendum petition. Corporations, organizations, associations, etc., are prohibited from making contributions to candidates and political parties.

Name	Address (City, State, Zip)	Description of Contribution	Date	Amount/ Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Contributions – Anonymous

Anonymous contributions are those contributions whose origins cannot be determined, i.e., “pass the hat” contributions. An anonymous contribution does not mean a contributor may donate to the candidate or PAC with the understanding the contributor’s name will not be reported.

Event	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I do not know, nor can I ascertain, the origin of the above anonymous contributions.

Signature of Chairman or Treasurer

Date

Contributions – In-Kind

(In-Kind contributions are goods and services in place of cash. For example, someone purchases stamps for a mailing and donates the stamps; this is an in-kind contribution.)

Name	Address (City, State, Zip)	Description of Contribution	Date	Amount/ Value
				\$
				\$
				\$
				\$
				\$
				\$

Loans

Loan Type	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$

Unitemized Contributions

(Contributions under \$25.00. For example, you have a chili dinner. Tickets are \$10.00 each and you sell 500 tickets. You may report these in aggregate here by reporting \$5,000.00.)

Description	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$

Expenditures/Obligations

Payee	Address (City, State, Zip)	Purpose	Date	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Total Expenditures: \$ _____