

Form for Reattribution

This form must be maintained in the records of the Candidate or the Candidate's Campaign Committee.

Name of Candidate/Candidate Committee

Initial Contributor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Original Contribution

Date Received: _____ Amount: _____ Election: _____

Reattribution

Attributed Contributor: _____

Address: _____

City: _____ State: _____ Zip: _____

Reattributed Contribution

Date: _____ Amount: _____ Election: _____

Description:* _____

Signature of Initial Contributor

Date of Signature

Signature of Attributed Contributor

Date of Signature

Date Form Received by Candidate/Candidate Committee: _____

*Provide description of legal claim. Funds may only be reattributed to another contributor who has a legal claim to the funds being reattributed because contributions through or in the name of another are prohibited by La. R.S. 18:1505.2A. This description should be included on Schedule A-1 of the Candidate's Report form.