

Form for Redesignation

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

Name of Candidate/Candidate Committee:

Contributor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contribution

Date Received: _____

Amount: _____

Election: _____

Redesignation

Date: _____

Amount: _____

Election: _____

Signature of Initial Contributor: _____

Date of Signature: _____

Date Form received by Candidate/Candidate Committee: _____