

**RECIPIENT COMMITTEE CAMPAIGN
STATEMENT FORM 460
AMENDMENT REQUEST**

INSTRUCTIONS: A check mark indicates an amendment is required. File your amended statement at:

Statement Verification Date: ___/___/___

Period Covered by Statement: ___/___/___ to ___/___/___

Name: _____

AMENDMENT FORM

Cover Page

- Period covered (for all schedules)
- Address was incomplete
- Signature missing
- Treasurer information was incomplete
- Other - see comments section

Summary Page

- Column A, Line ___ does not match with applicable schedule
- You indicated that schedule(s) were attached. However, the schedules were not attached to the statement.
- Lines _____ were left blank in column A or B
- Other - see comments section

Schedule A

- Date received column was left blank
- Street address for contributor(s) was incomplete
- Contributor code was not marked for contributor(s)
- Occupation & employer column was left blank or incomplete for individual contributor(s)
- Amount received this period was missing
- Cumulative to date column (Jan 1 - Dec 31) was missing
- Summary section was incomplete
- Other - see comments section

Schedule B

- Street address for contributor(s) was incomplete
- Contributor code was not marked for contributor(s)
- Occupation & employer column was left blank or incomplete for individual contributor(s)
- Outstanding balance beginning this period was left blank
- Amount received this period was left blank
- Amount paid or forgiven this period was left blank
- Outstanding balance at close of this period was left blank or incomplete
- Interest paid this period was left blank or incomplete
- Original amount of loan was left blank or incomplete
- Date incurred for original loan amount was missing
- Cumulative to date column (Jan 1 - Dec 31) was missing
- Summary section was incomplete
- Guarantor information was incomplete
- Other - see comments section

Schedule C

- Date received column was left blank
- Street address for contributor(s) was incomplete
- Contributor code was not marked for contributor(s)
- Occupation & employer column was left blank or incomplete for individual contributor(s)
- Description of goods/services was missing
- Amount/fair market value was missing
- Cumulative to date (Jan 1 - Dec 31) was missing
- Summary section was incomplete
- Other - see comments section

Schedule D

- Date was missing
- Support/oppose box was not marked
- Type of payment was missing
- Description (if required) was missing
- Amount this period was missing
- Cumulative to date column (Jan 1 - Dec 31) was missing
- Summary section was incomplete
- Other - see comments section

Schedule E

- Street address of payee was incomplete
- A code or description of payment was missing
- Amount paid was missing
- Summary section was incomplete
- Other - see comments section

Schedule F

- Street address of creditor was incomplete
- A code or description of payment was missing
- Outstanding balance beginning of this period was missing
- Amount incurred this period was missing
- Amount paid this period was missing
- Outstanding balance at close of this period was missing
- Summary section was incomplete
- Other - see comments section

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