



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-4429  
www.dos.ny.gov

## Political Consultant Public Disclosure Correction Statement

Use this form to change or add to an existing Political Consultant Filing

**Fee Due \$25.00**

### IDENTIFICATION OF THE FILING TO BE CORRECTED

Political Consultant Name: \_\_\_\_\_

Registration #: \_\_\_\_\_

File ID#: \_\_\_\_\_

REPORTING PERIOD (Check one):  January 1<sup>st</sup> – June 30<sup>th</sup>, \_\_\_\_\_ (Year) **OR**  July 1<sup>st</sup> – December 31<sup>st</sup>, \_\_\_\_\_ (Year)

### CORRECT POLITICAL CONSULTANT INFORMATION

Current Filing Information:

LAST NAME FIRST NAME MIDDLE INITIAL

BUSINESS NAME (for mailing purposes only)

BUSINESS ADDRESS

CITY STATE ZIP+4 COUNTY

BUSINESS TELEPHONE NUMBER \*EMAIL ADDRESS

Updated Information:

BUSINESS NAME (for mailing purposes only)

BUSINESS ADDRESS (\* If you do not have a business address we will accept a P.O. Box. **Note: This address will be published on our website.**)

CITY STATE ZIP+4 COUNTY

BUSINESS TELEPHONE NUMBER \*EMAIL ADDRESS

\*This information will not be posted on the Department of State website.

### CORRECT OFFICIAL OR CANDIDATE INFORMATION

Current Filing Information:

LAST NAME FIRST NAME MIDDLE INITIAL

BUSINESS ADDRESS

CITY STATE ZIP +4

BUSINESS TELEPHONE NUMBER OFFICE HELD/SOUGHT

Brief description of the nature of the political consulting services provided to the above individual: \_\_\_\_\_

# Political Consultant Public Disclosure Correction Statement

Updated Information:

Changes

Additions

Deletions

LAST NAME FIRST NAME MIDDLE INITIAL

BUSINESS ADDRESS

CITY STATE ZIP +4

BUSINESS TELEPHONE NUMBER

OFFICE HELD/SOUGHT

Brief description of the nature of the political consulting services provided to the above individual: \_\_\_\_\_

## CORRECT CLIENT INFORMATION

Current Filing Information:

CLIENT NAME

LAST NAME FIRST NAME MIDDLE INITIAL

(Name of person who has a controlling interest in the above entity.)

BUSINESS ADDRESS

CITY STATE ZIP +4

BUSINESS TELEPHONE

Brief description of the nature of the services provided to the above client: \_\_\_\_\_

Updated Information:

Changes

Additions

Deletions

CLIENT NAME

LAST NAME FIRST NAME MIDDLE INITIAL

(Name of Person who has controlling interest in the above entity.)

BUSINESS ADDRESS:

CITY STATE ZIP +4

BUSINESS TELEPHONE NUMBER

Brief description of the nature of the services provided to the above client: \_\_\_\_\_

I subscribe and affirm, under the penalties of perjury, the statements in this disclosure correction and any attachments are true and correct.

**X** \_\_\_\_\_  
(POLITICAL CONSULTANT SIGNATURE)

\_\_\_\_\_  
(DATE)