				Form #E-7
	Board or State A	ssociation		
Address	City	State	Zip	
Challe	enge to Qualifications by F	Parties to Ethics P	roceeding	
hereby challenge the qualification	n of the following named individual(substantiated challenges will be disreg	s) who may be appointed	as a member(s) of the	e Tribunal* for the
Panel Member Challenged:				
Reason:				
Panel Member Challenged:				
Reason:				
Panel Member Challenged:				
Reason:				
Type/Print Name of Party:				
Signed:			Date:	
Type/Print Name of Party:				
Signed:			Date:	
Type/Print Name of Party:				
Signed:			Date:	

^{*}Members of ethics Hearing Panels or the Board of Directors.

^{**}Use additional pages as required to list additional challenges to the qualifications of individuals who have been or may be selected to serve as member(s) of a Tribunal in an ethics proceeding to which you are a party.