

TYPE 1

AUTHORIZED SINGLE CANDIDATE COMMITTEE CAMPAIGN FINANCE REGISTRATION FORM

NEW YORK STATE BOARD OF ELECTIONS

Section 14-118 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

New Registration Amended Registration (Provide Filer ID#): _____
 State Campaign Local Campaign (Provide County): _____

A. COMMITTEE NAME: _____

For Acronyms (See instructions): _____

B. CANDIDATE TO BE SUPPORTED:

ELECTION YEAR	OFFICE/DISTRICT	CANDIDATE FULL NAME
_____	_____	_____

C. TREASURER:

Full Name: _____

Residential Address (No P.O. Box): _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

Mailing Address (P.O. Box allowed): _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

Social Security Number (Optional): _____ Email: _____

Telephone: Home: _____ Business: _____ Cell: _____

D. DEPOSITORY/BANK:

Name: _____

Address: _____

City or Town: _____ State: _____ Zip: _____

E. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS (Attach additional sheets if necessary):

Full Name: _____

Residential Address (No P.O. Box): _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Signature: _____

The above information is true to the best of my knowledge and belief:

Signature of Treasurer

Date

AUTHORIZED SINGLE CANDIDATE COMMITTEE REGISTRATION INSTRUCTIONS

AN AUTHORIZED SINGLE CANDIDATE COMMITTEE MUST:

- File this form within five days of choosing a treasurer and depository **and** prior to receiving or expending any funds.
- Complete this form and provide original signature(s) in ink. Copies of signatures, including those on faxes, PDFs or other electronic files are not acceptable.
- File this form at each appropriate board of elections where the candidates, and committees are being supported by your committee and are required to file their campaign financial disclosure reports.

New Registration: If registering a new committee, check this box. A Filer ID# may be assigned to the committee by the board of elections where you are filing this form, and should be used on all documents and correspondence to the appropriate board(s).

Amended Registration: For an existing committee if any information previously filed has changed, other than the election year, check this box. A fully completed amended registration must be filed within two days of any change. Provide Filer ID# that was assigned by the board of elections where this form was originally filed. State and county boards of elections Filer ID#s may be different.

For State Campaign: For committees supporting or opposing candidates for New York State Governor, Lt. Governor, State Comptroller, State Attorney General, State Senate, State Assembly, State Supreme Court and certain party offices, check this box. These committees must file this form and the required financial disclosure reports with the New York State Board of Elections (NYSBOE).

For Local Campaign: For all other offices, check this box and list the county name where the local office is being sought. Committees supporting or opposing such candidates must file with the appropriate local board of elections or village clerk where the village clerk runs the election. Any committee that files with a local board of elections and that raises or spends or expects to raise or spend more than \$1,000 in a calendar year must also file an original of this form and the required financial disclosure reports with NYSBOE.

Candidates should not file this form unless they are the treasurer of the committee in question. Candidates filing their own campaign financial disclosure reports should contact the appropriate board(s) of elections to obtain Filer ID#s and PINs, where applicable.

Item A: Enter the name of the committee. If an acronym is used in the name of the committee (e.g. "NYSBOE" = "New York State Board of Elections"), please also spell out the acronym in the space provided.

Item B: Enter the election year, office and name of the candidate to be supported/opposed.

Item C: Enter the full name of the treasurer. Residential address is mandatory; include building and apartment number, city or town, state and zip code. Social Security number is optional.

Item D: Your account must be opened at a banking organization authorized to do business in New York State. The branch where the account is opened and held must be physically located in New York State.

Item E: If there are persons other than the treasurer who will be authorized to sign checks, enter their name(s) and other required information here.