

# FILER REGISTRATION



To protect your privacy, the CFB will not provide specific information related to your campaign to any individual or entity not listed on this Filer Registration unless such disclosure is required pursuant to the Freedom of Information Law, Article 6 of the Public Officers Law (“FOIL”) or other law.



## New York City Campaign Finance Board

100 Church Street, 12th Floor, New York, NY 10007 • 212.409.1800

www.nycffb.info • CandidateServices@nycffb.info

### FILER REGISTRATION

THIS FILER REGISTRATION MUST BE FILED BEFORE THE CANDIDATE SUBMITS ANY DISCLOSURE STATEMENTS WITH THE CAMPAIGN FINANCE BOARD (“CFB”).

By submitting this form, you are registering as a non-participant in the Campaign Finance Program and will not be eligible for public funds. You may join the Program by submitting a [Certification](#) before the [deadline](#). Please note that the filing of this form or CFB disclosure statements is NOT a statement of intent to become a candidate for any office or to join the New York City Campaign Finance Program.

#### **IMPORTANT INFORMATION—PLEASE READ**

Complete the entire Filer Registration. All mandatory fields have been marked with an “\*”. All pages must be submitted by mail or hand-delivery with original signatures of the candidate and treasurer. Incomplete or illegible forms will not be accepted. Any changes to the information provided require an amendment to the Filer Registration.

Communications, both written and oral, will be directed to the candidate’s, treasurer’s, and/or principal committee’s address, telephone number, and/or email address.

**You must notify the CFB of any changes to the information.**

C-Access is the CFB’s website for campaigns, providing secure online access to C-SMART, campaign information, and compliance notices. Campaign-specific usernames, passwords, and the C-SMART encryption key will be issued to both the candidate and treasurer upon acceptance of the Filer Registration.

C-SMART is the CFB’s proprietary web-based software that campaigns are required to use to enter all financial transactions and electronically submit disclosure statements to the CFB and the New York State Board of Elections (NYS BOE). **It is mandatory that email addresses be provided for both the candidate and treasurer as part of your registration with the CFB.**

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**Reminder:** Public servants are prohibited from using government resources for their campaigns. Do not list any government phone, email, or address as campaign contact information on this form. Government information may only be included under the employment information of the candidate, treasurer, or campaign liaison(s) (if applicable).



CFB USE ONLY

**5. PRINCIPAL/PRIMARY COMMITTEE**

Enter the committee name, address, and other information about the committee. Candidates who anticipate participating in the Program must authorize and use only ONE political committee to raise and spend funds for the election covered by this Filer Registration form. This is considered your "principal" committee. Candidates who do not anticipate participating in the Program may authorize and use multiple political committees to raise and spend funds for the covered elections but still must identify a "primary" committee below. Enter the requested information for additional election cycle committees in section 17 (non-participants only).

COMMITTEE NAME\*

STREET ADDRESS\*

APARTMENT/SUITE/FLOOR

CITY\*

STATE\*

ZIP CODE\*

DAY TELEPHONE\*

( )

EVENING TELEPHONE

( )

EMAIL ADDRESS\*

WEBSITE ADDRESS(ES)\*

**MAILING ADDRESS (IF DIFFERENT)**

If the principal/primary committee's address is different from the mailing address, enter the mailing address here. This mailing address will be used for all notices sent to the committee.

IF APPLICABLE, COMPANY OR BUILDING NAME; P.O. BOX:

STREET ADDRESS

APARTMENT/SUITE/FLOOR

CITY

STATE

ZIP CODE

**COMMITTEE SOCIAL MEDIA**

FACEBOOK

TWITTER

LINKEDIN

OTHER

**6. PREVIOUS ELECTIONS**

Enter the previous election(s), if any, in which the candidate sought nomination for election, or election, to public office or a party position.

Have you previously been a candidate for any elective office or political party position?\*  YES  NO

If yes, please specify your most recent candidacies below:

DATE OF ELECTION (MONTH/YEAR)	OFFICE OR PARTY POSITION SOUGHT	DISTRICT	PARTY PRIMARY ENTERED

**7. TREASURER NAME AND HOME ADDRESS**

Enter the treasurer's name, address, telephone numbers, and email address.

Note: The treasurer's home address is an address to which legal notices may be sent. You must promptly notify the CFB of any changes.

MR.	MS.	LAST*	FIRST*	M.I.
STREET ADDRESS*			APARTMENT/SUITE/FLOOR	
CITY*		STATE*	ZIP CODE*	
DAY TELEPHONE* (      )		EVENING TELEPHONE (      )		
EMAIL ADDRESS*				

**8. TREASURER EMPLOYMENT**

Enter the treasurer's employment information.

EMPLOYER NAME*				
STREET ADDRESS			APARTMENT/SUITE/FLOOR	
CITY		STATE	ZIP CODE	
TELEPHONE (      )				

**9. SCHEDULE OF ACCOUNTS**

List all bank accounts opened by your committee and indicate the type and purpose of the account.

**PRIMARY BANK ACCOUNT**

BANK/DEPOSITORY NAME					
CITY		STATE	ZIP CODE		
ACCOUNT NUMBER		ACCOUNT NAME (IF ANY)			
DATE OPENED	MONTH	DAY	YEAR	TYPE OF ACCOUNT (SELECT ONE) <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____	
DATE CLOSED (IF ANY)	MONTH	DAY	YEAR		PURPOSE OF ACCOUNT (SELECT ONE) <input checked="" type="checkbox"/> PRIMARY/GENERAL OR SPECIAL ELECTION <input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS <input type="checkbox"/> OTHER (SPECIFY) _____
CURRENT BALANCE \$	MONTH	DAY	YEAR		
\$	.				

**SECONDARY BANK ACCOUNT (IF APPLICABLE)**

BANK/DEPOSITORY NAME					
CITY		STATE	ZIP CODE		
ACCOUNT NUMBER		ACCOUNT NAME (IF ANY)			
DATE OPENED	MONTH	DAY	YEAR	TYPE OF ACCOUNT (SELECT ONE) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____	
DATE CLOSED (IF ANY)	MONTH	DAY	YEAR		PURPOSE OF ACCOUNT (SELECT ONE) <input type="checkbox"/> PRIMARY/GENERAL OR SPECIAL ELECTION <input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS <input type="checkbox"/> OTHER (SPECIFY) _____
CURRENT BALANCE \$	MONTH	DAY	YEAR		
\$	.				

Attach additional form page(s) if the principal/primary committee has more than two bank accounts.

**10. ONLINE CREDIT CARD CONTRIBUTIONS**

[NYC Votes Contribute](#) is the CFB's online credit card platform. By registering with the CFB, you will automatically have access to this feature, and you do not have to enter it below.

If you plan on accepting credit card contributions outside of NYC Votes Contribute, you must provide your acquiring bank's name(s) and your committee's merchant account number(s).

ACQUIRING BANK'S NAME	COMMITTEE'S MERCHANT ACCOUNT NUMBER
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ACQUIRING BANK'S NAME	COMMITTEE'S MERCHANT ACCOUNT NUMBER
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**11. CAMPAIGN MANAGER (IF APPLICABLE)**

If your campaign manager will function as a liaison to the CFB, enter the manager's name, address, telephone numbers, and email address.

MR.	MS.	LAST	FIRST	M.I.
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STREET ADDRESS	APARTMENT/SUITE/FLOOR
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CITY	STATE	ZIP CODE
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DAY TELEPHONE ( )	EVENING TELEPHONE ( )
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EMAIL ADDRESS
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**12. CAMPAIGN LIAISON (IF APPLICABLE)**

If you would like a person to function as a liaison to the CFB in addition to the candidate, treasurer, and campaign manager or consultant (if applicable), enter the person's name, address, telephone numbers, and email address.

MR.	MS.	LAST	FIRST	M.I.
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STREET ADDRESS	APARTMENT/SUITE/FLOOR
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CITY	STATE	ZIP CODE
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DAY TELEPHONE ( )	EVENING TELEPHONE ( )
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EMAIL ADDRESS
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**13. CAMPAIGN CONSULTANT (IF APPLICABLE)**

If you have retained a consultant, enter the consultant's name, address, telephone numbers, and email address.

MR.	MS.	LAST	FIRST	M.I.
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STREET ADDRESS	APARTMENT/SUITE/FLOOR
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CITY	STATE	ZIP CODE
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DAY TELEPHONE ( )	EVENING TELEPHONE ( )
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EMAIL ADDRESS
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CONSULTANT ENTITY NAME (IF APPLICABLE)
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**14. ADDITIONAL INDIVIDUAL WITH SIGNIFICANT MANAGERIAL CONTROL (OPTIONAL)**

The Board's Rules require that participating candidates, their treasurers, campaign managers, or "persons with significant managerial control over a campaign" attend a training provided by the CFB concerning compliance with the requirements of the Program and use of its software.

If someone other than the candidate, treasurer, or campaign manager has "significant managerial control" over the campaign, list that person's name and contact information. Note: The individual listed below cannot be the campaign consultant previously listed in section 13 of this form.

MR.	MS.	LAST	FIRST	M.I.
STREET ADDRESS			APARTMENT/SUITE/FLOOR	
CITY		STATE	ZIP CODE	
DAY TELEPHONE ( )		EVENING TELEPHONE ( )		
EMAIL ADDRESS				

**15. CONTACT ORDER**

Select the order in which you would like the CFB to contact representatives of your campaign. Please choose only one representative per selection. We will try to contact representatives in the order selected. However, if we are unable to reach the individual, we will call or email the candidate and treasurer directly. Additionally, certain written notices will be sent directly to the candidate and treasurer's home address notwithstanding the order requested.

Candidate should be contacted:*	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	
Treasurer should be contacted:*	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	
Campaign Manager should be contacted:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	<input type="checkbox"/> N/A
Liaison should be contacted:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	<input type="checkbox"/> N/A
Consultant should be contacted:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	<input type="checkbox"/> N/A

**16. ADDITIONAL AUTHORIZED COMMITTEES (ALL CANDIDATES)**

Complete this section for additional committees (including any political action committees) authorized by the candidate (other than committees authorized for the elections covered by this Filer Registration form) required to file New York State Board of Elections or Federal Election Commission disclosure statements which have not been terminated. Indicate the date of the last election in which the committee was involved, if any, the office sought, and whether the committee is a joint committee.

COMMITTEE NAME			LAST ELECTION DATE & OFFICE	
MR.	MS.	TREASURER NAME: LAST	FIRST	M.I.
DAY TELEPHONE ( )		EVENING TELEPHONE ( )		
NYS BOE FILER I.D. OR FEC COMMITTEE I.D.		NYS BOE OR FEC REGISTRATION DATE		
IF JOINT COMMITTEE, LIST OTHER CANDIDATES				
COMMITTEE NAME			LAST ELECTION DATE & OFFICE	
MR.	MS.	TREASURER NAME: LAST	FIRST	M.I.
DAY TELEPHONE ( )		EVENING TELEPHONE ( )		
NYS BOE FILER I.D. OR FEC COMMITTEE I.D.		NYS BOE OR FEC REGISTRATION DATE		
IF JOINT COMMITTEE, LIST OTHER CANDIDATES				

**17. ADDITIONAL ELECTION CYCLE COMMITTEES (NON-PARTICIPANTS ONLY)**

Candidates who do not anticipate joining the Program may authorize and use multiple political committees for the covered election(s), including joint committees with other candidates. If you do not anticipate joining the Program and have multiple committees active for the covered election(s), enter the names of all other committees authorized for the covered election(s), and the name, address information, and telephone number of the treasurer for each of these committees. Remember that the home address of each treasurer is an address to which legal notices may be sent and you must promptly notify the CFB of any changes. The CFB recommends against having more than one authorized committee for the covered election(s).

COMMITTEE NAME				LAST ELECTION DATE & OFFICE	
MR.	MS.	TREASURER NAME: LAST	FIRST		M.I.
DAY TELEPHONE (       )			EVENING TELEPHONE (       )		
NYS BOE FILER I.D. OR FEC COMMITTEE I.D.			NYS BOE OR FEC REGISTRATION DATE		
IF JOINT COMMITTEE, LIST OTHER CANDIDATES					

COMMITTEE NAME				LAST ELECTION DATE & OFFICE	
MR.	MS.	TREASURER NAME: LAST	FIRST		M.I.
DAY TELEPHONE (       )			EVENING TELEPHONE (       )		
NYS BOE FILER I.D. OR FEC COMMITTEE I.D.			NYS BOE OR FEC REGISTRATION DATE		
IF JOINT COMMITTEE, LIST OTHER CANDIDATES					



18. CANDIDATE VERIFICATION

The Candidate must read and initial each clause and sign the Candidate Verification. **The Candidate’s signature must be notarized.**

I understand that I am responsible for reading, understanding, and complying with §§ 1052 and 1053 of Chapter 46 of the New York City Charter (the “Charter”); Title 3, Chapter 7 of the New York City Administrative Code (the “New York City Campaign Finance Act” or the “Act”); and Title 52 of the Rules of the City of New York (the “Campaign Finance Board Rules” or the “Rules”).

\_\_\_\_\_  
initial here\*

I understand that, by filing this Filer Registration, I am registering as a non-participant in the Program, as defined in § 3-702(14) of the Act, and will be unable to receive public matching funds payments. I acknowledge that I may join the Program by filing a Certification, pursuant to § 3-703(1)(c) of the Act and Rule 2-02, but must do so by no later than the deadline for filing such Certification.

\_\_\_\_\_  
initial here\*

I hereby designate the committee(s) identified in this Filer Registration as my committee(s) (“Committee(s)”) for the election(s) that this Filer Registration covers.

\_\_\_\_\_  
initial here\*

I hereby designate the treasurer(s) identified in this Filer Registration as the treasurer(s) of the committee(s) (the “Treasurer(s)”) for the election(s) that this Filer Registration covers.

\_\_\_\_\_  
initial here\*

I understand that I am responsible for my campaign’s compliance with the Act and Rules and that I, the Committee(s), the Treasurer(s), and any of my agents, must comply with the requirements of the Act and the Rules, including any amendments thereto adopted after the date of my signature below regardless of whether I later choose to join the public matching funds program (the “Program”) or whether my name appears on the ballot.

\_\_\_\_\_  
initial here\*

I understand that violations of the Act include, but are not limited to: (i) accepting any contribution in excess of the applicable contribution limit set forth in the New York City Charter, Act, and Rules and (iii) accepting any contribution, directly or indirectly, from any political committee that is not registered with the CFB or from any corporation, partnership, limited liability partnership, or limited liability company.

\_\_\_\_\_  
initial here\*

I understand that the Board may assess penalties of up to \$10,000 per violation of the Charter, Act, or Rules. I further understand that the Board may hold me, the Committee(s), the Treasurer(s) of those committee(s), and any of my agents, jointly and severally liable for the payment of any civil penalties the Board assesses.

\_\_\_\_\_  
initial here\*

I understand that my home and email addresses, the street and email addresses of the Committee(s), and the home and email addresses of the Treasurer(s), as provided in this Filer Registration, are the addresses to which legal notices, including correspondence and legal papers, may be sent. I further understand that I am required to promptly notify the Campaign Finance Board (“CFB” or the “Board”), in writing, of any changes to these addresses.

\_\_\_\_\_  
initial here\*

I understand that the CFB will issue usernames and passwords to the Treasurer(s) and me to submit electronic disclosure statements and that only the Treasurer and I may complete the disclosure statement process and submit disclosure statements to the CFB. I further understand that the CFB will give the Treasurer and me a single encryption key to access campaign data entered electronically. I understand that I will not be able to access the campaign’s financial data without the encryption key because it is kept in encrypted form. I further understand that, although the Treasurer or I may change the initial encryption key provided by the CFB, if the Treasurer or I later lose that modified encryption key, we will be unable to access any data previously entered and the CFB will not be able to recover the modified encryption key or any of the campaign’s data.

\_\_\_\_\_  
initial here\*

I verify that the information contained in this document is true and complete to the best of my knowledge and belief. I understand that intentionally or knowingly making a false statement, including, but not limited to, in the form of an electronic submission, or intentionally or knowingly violating any provision of the Act, is a Class A misdemeanor pursuant to New York State Penal Law § 210.45 and § 3-711(3) of the Act.

\_\_\_\_\_  
*initial here\**

I understand that knowingly offering false written information to the CFB, including, but not limited to, in the form of an electronic submission, with the belief that it will become a part of the records of a public office and with the intent to defraud, is a Class E felony pursuant to New York State Penal Law § 175.35.

\_\_\_\_\_  
*initial here\**

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC\*

\_\_\_\_\_  
CANDIDATE SIGNATURE\*

**19. TREASURER VERIFICATION**

The Treasurer must read and initial each clause and sign the Treasurer Verification. **The Treasurer's signature must be notarized.** The Treasurer for each committee active for the election(s) covered by this Filer Registration must fully initial and submit this verification. If you need additional copies of this treasurer verification, you may copy the blank form.

I understand that I am responsible for reading, understanding, and complying with §§ 1052 and 1053 of Chapter 46 of the New York City Charter (the "Charter"); Title 3, Chapter 7 of the New York City Administrative Code (the "New York City Campaign Finance Act" or the "Act"); and Title 52 of the rules of the City of New York (the "Campaign Finance Board Rules" or the "Rules").

\_\_\_\_\_  
initial here\*

I hereby verify that I agree to serve as treasurer of the committee(s), identified in this Filer Registration, which the Candidate has authorized to for the election(s) that this Filer Registration covers (the "Committee(s)").

\_\_\_\_\_  
initial here\*

I understand that I, the Candidate, the Committee(s), and any of the Candidate's agents, must comply with the Charter, the Act, and the Rules, regardless of the Candidate elects to join the public matching funds program (the "Program") or whether the Candidate's name appears on the ballot.

\_\_\_\_\_  
initial here\*

I understand that by filing this Filer Registration, the Candidate is registering as a non-participant in the Program, as defined in § 3-702(14) of the Act, and will be unable to receive public matching funds payments. I acknowledge that the Candidate may join the Program by filing a Certification, pursuant to § 3-703(1)(c) of the Act and Rule 2-02, but must do so by no later than the deadline for filing such Certification.

\_\_\_\_\_  
initial here\*

I understand that violations of the Act include, but are not limited to: (i) accepting any contribution in excess of the applicable contribution limit set forth in the New York City Charter, Act, and Rules and (iii) accepting any contribution, directly or indirectly, from any political committee that is not registered with the CFB or from any corporation, partnership, limited liability partnership, or limited liability company.

\_\_\_\_\_  
initial here\*

I understand that the Board may assess penalties of up to \$10,000 per violation of the Charter, Act, or Rules. I further understand that the Board may hold me, the Candidate, the Committee(s), and any agent of the Candidate jointly and severally liable for the payment of any civil penalties the Board assesses.

\_\_\_\_\_  
initial here\*

I understand that my home and email addresses, the Candidate's home and email addresses, and the street and email addresses of the Committee(s) are addresses to which legal notices, including correspondence and legal papers, may be sent. I further understand that I am responsible for promptly notifying the CFB, in writing, of any changes to these addresses.

\_\_\_\_\_  
initial here\*

I understand that the CFB will issue usernames and passwords to the Candidate and me to submit disclosure statements and that only the Candidate and I may complete the disclosure statement process and submit disclosure statements to the CFB. I further understand that the CFB will give the Candidate and me a single encryption key to access campaign data entered electronically. I understand that I will not be able to access the campaign's financial data without the encryption key because it is kept in encrypted form. I further understand that, although the Candidate or I may change the initial encryption key provided by the CFB, if the Candidate or I later lose that modified encryption key, we will be unable to access any data previously entered, and the CFB will not be to recover the modified encryption key or any of the campaign's data.

\_\_\_\_\_  
initial here\*

I verify that the information contained in this document is true and complete to the best of my knowledge and belief. I understand that intentionally or knowingly making a false statement, including but not limited to in the form of an electronic submission, or intentionally or knowingly violating any provision of the Act, is a Class A misdemeanor, pursuant to New York State Penal Law § 210.45 and § 3-711(3) of the Act.

\_\_\_\_\_  
*initial here\**

I understand that knowingly offering false written information to the CFB, including but not limited to in the form of an electronic submission, with the belief that it will become part of the records of a public office and with the intent to defraud, is a Class E felony pursuant to New York State Penal Law § 175.35.

\_\_\_\_\_  
*initial here\**

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC\*

\_\_\_\_\_  
TREASURER SIGNATURE\*