## CANDIDATE FAMILY MEMBER AND BUSINESS EXPENDITURE FORM

This	s form must be completed by the Candidate. Please	select all that apply:
	Yes, the Campaign made payment(s) or incurred liabilities to the Candidate's family (spouse/domestic partner, children, grandchildren, parents, grandparents, siblings, and the spouses of these individuals).	
	Yes, the Campaign made payment(s) or incurred liabilities to a business entity in which the Candidate or Candidate's family had at least 10% ownership.	
	No, the Campaign did not make payment(s) or incur liabilities to the Candidate's family nor to a business entity in which the Candidate or Candidate's family had at least 10% ownership.	
bus	mplete the following if you checked "Yes" above. Plesiness entity(s) to whom the Campaign made payme ditional pages as needed.	ease provide the names of the family member(s) or nts (including advances) or incurred liabilities. Attach
	Name/Businsess Name	Relationship to Candidate or Family Member(s) with Ownership Interest
VE	RIFICATION	
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	I understand that knowingly making a false written statement is a Class A misdemeanor pursuant to New York State Penal Law Section 210.45.	
	I understand that knowingly offering false written information 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 Section 175.35.	
	ereby verify that the information filed herewith is truormation, and belief.	e and complete to the best of my knowledge,
	CANDIDATE'S SIGNATURE	DATE SIGNED