

POLITICAL COMMITTEE REGISTRATION



PERIOD COVERING January 12, 2018 — January 14, 2022

Registered CFB candidates are NOT required to submit this form, since the Filer Registration or Certification form automatically registers your candidate committee.

Pursuant to New York City Administrative Code #3-707, a political committee must file this form before making any contributions to a candidate for mayor, public advocate, comptroller, borough president, or City Council member. This registration is effective for all city elections held through January 14, 2022. Please return this form to the Campaign Finance Board (CFB) with an original signature.

All mandatory fields have been marked with an “*”.

Failure to complete this form in a complete and accurate manner may result in a finding that the committee has failed to register with the CFB in accordance with New York City Administrative Code #3-707, in which case candidates and prospective candidates participating in the Program may not accept contributions from the committee.

If any of the information originally submitted to us changes, then this form must be resubmitted. Some of the information submitted on this form will be made available to the public on the CFB website.

If you make independent expenditures, you must report information about your expenditures and income sources via the Independent Expenditure Disclosure System. Contact the CFB at IEMail@nycffb.info for more information.



New York City Campaign Finance Board

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www.nycffb.info • CSUmail@nycffb.info

POLITICAL COMMITTEE REGISTRATION

PERIOD COVERING January 12, 2018 — January 14, 2022

Enter all information requested about the committee, candidate, chairperson (or person of equivalent authority), and treasurer.					
1. COMMITTEE*					
NAME*				ACRONYM OR ABBREVIATED NAME	
STREET ADDRESS*			APARTMENT/SUITE/FLOOR	IS THIS COMMITTEE INCORPORATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY*			STATE*	ZIP CODE*	
TELEPHONE* ()					
EMAIL ADDRESS*			WEBSITE		
2. CANDIDATE, CHAIRPERSON, OR EQUIVALENT*					
MR.	MS.	LAST*		FIRST*	M.I.
EMPLOYER NAME				EMPLOYER CITY	
3. TREASURER*					
MR.	MS.	LAST*		FIRST*	M.I.
STREET ADDRESS*				APARTMENT/SUITE/FLOOR	
CITY*			STATE*	ZIP CODE*	
TELEPHONE* ()			EMAIL ADDRESS*		
EMPLOYER NAME				EMPLOYER CITY	
4. LIAISON					
If the committee has a liaison other than its treasurer, enter all the information requested. If a liaison is listed, please check the appropriate box to indicate the circumstances in which the CFB should contact the liaison. If neither box is checked, the CFB will always seek to contact the treasurer first.					
MR.	MS.	LAST		FIRST	M.I.
STREET ADDRESS				APARTMENT/SUITE/FLOOR	
CITY			STATE	ZIP CODE	
TELEPHONE ()			EMAIL ADDRESS		
EMPLOYER NAME				EMPLOYER CITY	
This person should be contacted by the CFB:					
<input type="checkbox"/> if the treasurer is unavailable <input type="checkbox"/> instead of the treasurer					

5. TYPE OF COMMITTEE*

Complete either section 5A, 5B, or 5C. If the committee is a PAC, complete 5A; if the committee is an Authorized Candidate Committee, complete 5B; all other committees, complete 5C.

Select the term the committee uses in its filings with the New York State Board of Elections (BOE) or the Federal Election Commission (FEC), or, if the committee does not file with the BOE or FEC, select the term that best describes the committee.

A. POLITICAL ACTION COMMITTEE (PAC)

A PAC is considered to be “any political committee that supports candidates or other political committees by making contributions only; i.e., PACs do not make direct expenditures on behalf of Candidates.” (See BOE Campaign Finance Handbook). Check only one. Then skip to question 6.

- | | | |
|---|--|--|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Non-Corporate Business | <input type="checkbox"/> Labor (must answer questions 11 & 12) | <input type="checkbox"/> Trade/Membership/Health |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Non-Connected/Ideological | <input type="checkbox"/> Other PAC |
| Specify: _____ | | |

B. AUTHORIZED CANDIDATE COMMITTEE

Complete this section if the committee is an authorized candidate committee. List the candidate, or in the case of a multi-candidate committee, the candidates, who has/have authorized the committee to take part in the election, the date of the election, the office and district sought. Then skip to question 6.

CANDIDATE NAME	DATE OF ELECTION
OFFICE	BOROUGH/DISTRICT (IF APPLICABLE)
CANDIDATE NAME	DATE OF ELECTION
OFFICE	BOROUGH/DISTRICT (IF APPLICABLE)
CANDIDATE NAME	DATE OF ELECTION
OFFICE	BOROUGH/DISTRICT (IF APPLICABLE)

C. POLITICAL COMMITTEE (OTHER THAN A PAC OR CANDIDATE COMMITTEE)

Complete this section if you are not a PAC or Authorized Candidate Committee. Check all boxes that are applicable.

- | | | |
|--|--|--|
| <input type="checkbox"/> Political Party | <input type="checkbox"/> Party Committee | <input type="checkbox"/> Constituted Committee
Specify geographic area covered: _____ |
| <input type="checkbox"/> Political Club | <input type="checkbox"/> Ballot Question | <input type="checkbox"/> Other Political Committee (other than PAC)
Specify: _____ |

6. WHERE DOES THE COMMITTEE FILE FINANCIAL DISCLOSURE STATEMENTS?*

Check all boxes that are applicable and include registration number(s).

- | | |
|--|---|
| <input type="checkbox"/> New York City BOE
Registration Number: _____ | <input type="checkbox"/> New York State BOE
Registration Number: _____ |
| <input type="checkbox"/> FEC
Registration Number: _____ | <input type="checkbox"/> Other—Specify: _____
Registration Number: _____ |
| <input type="checkbox"/> Committee does not file disclosure | |

7. WHAT TYPES OF EXPENDITURES MAY THE COMMITTEE MAKE?*

Check all boxes that are applicable. If you plan to make independent expenditures contact the CFB at IEMail@nyccfb.info for information on setting up an Independent Expenditure Disclosure System account.

- | | |
|---|---|
| <input type="checkbox"/> Monetary contributions to candidates | <input type="checkbox"/> In-kind contributions to candidates |
| <input type="checkbox"/> Expenditures to housekeeping accounts | <input type="checkbox"/> Independent expenditures to support or oppose candidates or ballot measures (contact IEMail@nyccfb.info for additional reporting requirements) |
| <input type="checkbox"/> Monetary contributions to other political committees | |
| <input type="checkbox"/> Other _____ | |

8. PURPOSE OF COMMITTEE*

Please provide a brief statement explaining the purpose(s) of the committee, including any business or other interest supported by the committee.

9. CONTRIBUTIONS FROM CORPORATIONS, LLCs, AND PARTNERSHIPS*

Please provide a response regarding contributions to your political committee.

Does the committee accept contributions from corporations, limited liability companies, or partnerships?

Yes No

Candidates running for offices covered by the CFB (mayor, comptroller, public advocate, borough president, City Council member) cannot accept contributions from corporations, limited liability companies and partnerships. Do you agree not to use any money from these prohibited sources for contributions to candidates for those offices?

Yes No

10. WHO DETERMINES WHAT CONTRIBUTIONS AND/OR INDEPENDENT EXPENDITURES TO MAKE?*

List every person with this authority. (In the case of an authorized candidate committee, it is assumed that the candidate has this authority, so the candidate need not be listed.) Attach a copy of this page if more space is needed.

MR.	MS.	LAST*	FIRST*	M.I.
TITLE*		EMPLOYER NAME*		EMPLOYER CITY
STREET ADDRESS*				
CITY*		STATE*	ZIP CODE*	
MR.	MS.	LAST	FIRST	M.I.
TITLE		EMPLOYER NAME		EMPLOYER CITY
STREET ADDRESS				
CITY		STATE	ZIP CODE	
MR.	MS.	LAST	FIRST	M.I.
TITLE		EMPLOYER NAME		EMPLOYER CITY
STREET ADDRESS				
CITY		STATE	ZIP CODE	

**11. BANK ACCOUNT INFORMATION
(FOR POLITICAL COMMITTEES ESTABLISHED BY LABOR ORGANIZATIONS, INCLUDING PACS)**

To be completed by Labor Organizations only. The information requested in sections 11 and 12 will enable the CFB to determine whether contributions made from these committees should be aggregated with contributions from other labor organizations and/or their political committees, including PACs.

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) _____		SIGNATORIES* 1. _____ 2. _____ 3. _____
DATE CLOSED (IF ANY)	MONTH	DAY	YEAR			
CURRENT BALANCE \$*	MONTH*	DAY*	YEAR*			
\$.					

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) _____		SIGNATORIES 1. _____ 2. _____ 3. _____
DATE CLOSED (IF ANY)	MONTH	DAY	YEAR			
CURRENT BALANCE \$*	MONTH	DAY	YEAR			
\$.					

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) _____		SIGNATORIES 1. _____ 2. _____ 3. _____
DATE CLOSED (IF ANY)	MONTH	DAY	YEAR			
CURRENT BALANCE \$*	MONTH	DAY	YEAR			
\$.					

**12. BOARD MEMBERS AND OFFICERS*
(FOR POLITICAL COMMITTEES ESTABLISHED BY LABOR ORGANIZATIONS, INCLUDING PACS)**

To be completed by Labor Organizations only. Please provide the names of members and officers of the governing board. Attach a copy of this page if more space is needed.

LAST NAME	FIRST NAME	M.I.
LAST NAME	FIRST NAME	M.I.
LAST NAME	FIRST NAME	M.I.
LAST NAME	FIRST NAME	M.I.
LAST NAME	FIRST NAME	M.I.
LAST NAME	FIRST NAME	M.I.

13. VERIFICATION

The committee treasurer must read and sign the verification and have it notarized.

I hereby verify that the information in this registration is true and complete to the best of my knowledge, information, and belief. 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 further understand that knowingly offering false written information with the belief that it will become part of the records of a public office and with intent to defraud is a Class E felony pursuant to New York State Penal Law Section 175.35.

SWORN TO BEFORE ME THIS

_____ day of

_____, 20_____

NOTARY PUBLIC

TREASURER SIGNATURE