



New York City Campaign Finance Board

40 Rector Street, New York, NY 10006 • Tel.: (212) 306-7100 • Fax: (212) 306-7143
Web site: www.nycffb.info • E-mail: csumail@nycffb.info

2007 FILER REGISTRATION SPECIAL ELECTION – CITY COUNCIL DISTRICTS 40, 51

INSTRUCTIONS PLEASE READ FIRST!

This Filer Registration must be filed before the candidate files any disclosure statements with the Campaign Finance Board (“CFB”) for the 2007 special election, Council Districts 40, 51. The filing of this form will not make the committee eligible for public matching funds. In order to join the Campaign Finance Program (“Program”) to become eligible for matching funds, a Certification must be filed by January 10, 2007.

Complete the entire Filer Registration. Enter “N/A” to indicate items that do not apply. Incomplete forms will not be accepted. All pages must be submitted. All information must be legible. You must notify the CFB if any changes to the information occur. Any changes to the information provided require an amendment to the Filer Registration. Call the Candidate Services Unit at (212) 306-7100 for more information on amending the Filer Registration.

1. Enter the candidate’s name, address information, and telephone numbers. A candidate is any person who may run in the 2007 special election for City Council - Districts 40, 51. Remember that the candidate’s home address is an address to which legal notices may be sent and that you must promptly notify the CFB of any changes to it.
2. Enter the candidate’s employment information.
3. Enter the candidate’s Councilmanic district.
4. Enter the name, address, and other information for all authorized committee(s). Candidates who anticipate participating in the Program may use only one political committee to raise and spend funds for the 2007 special election. This political committee is called the candidate’s “principal committee.” The principal committee receives all public funds for which the candidate qualifies. It cannot have been authorized or used for any other election or be the authorized committee for any other candidate. If you do not anticipate participating in the Program, you may have multiple committees authorized for the 2007 special election and joint committees with other candidates, and not have a principal committee. However, for CFB operational purposes, you must identify one committee as your “primary” committee.

Please be advised that all communications, both written and oral, will be directed to the principal/primary committee address and phone number. The CFB strongly advises against using a P.O. Box for this committee address. By entering an email address anywhere on this form, you are giving the CFB permission to send your campaign e-mail.

5. Enter the primary committee's treasurer's name, address information, and telephone and fax numbers. Remember that the treasurer's home address is an address to which legal notices may be sent and that you must promptly notify the CFB of any changes to it.
6. Enter the primary committee's treasurer's employment information.
7. Identify any liaison the CFB is authorized to contact so that the CFB may provide all relevant information in a timely manner.
8. For candidates who do not anticipate joining the Program: Candidates who do not anticipate joining the Program may authorize and use multiple political committees for the 2007 special election, including joint committees with other candidates. If you do not anticipate joining the Program and have multiple committees active for the 2007 special election, enter the names of all other committees authorized for the 2007 special election, and the name, address information, and telephone number of the treasurer(s) of each of these committees. Remember that the home address(es) of the treasurer(s) is/are address(es) to which legal notices will be sent and that you must promptly notify the CFB of any changes.
9. If you have authorized any political committees for purposes other than the 2007 special election, these political committees must be listed unless they have been terminated.
10. If you have retained a consultant for the purpose of complying with campaign finance requirements, enter the consultant's name, address information, and telephone numbers, if you want the CFB to contact the consultant.
11. Select the contact order in which you would like the CFB to contact representatives of your campaign. Keep in mind that while we will try to contact these representatives, the candidate and treasurer(s) remain ultimately responsible for the campaign's compliance and are both jointly and severally liable, along with any authorized committee, for any penalties assessed by the CFB.
12. On the "Schedule of Accounts," list all accounts held since January 2006 by each authorized committee that is listed on this form. Indicate the type and purpose of each account.
13. If you intend to accept credit card contributions, enter the acquirer name(s) and unique merchant account number(s).
14. The candidate must read and initial each clause, and sign and date the Candidate Verification.
15. The treasurer of each committee authorized by the candidate for the 2007 special election must read and initial each clause, and sign and date the Treasurer Verification.

THIS FORM MUST BE SUBMITTED BEFORE THE FIRST DISCLOSURE STATEMENT THE CAMPAIGN FILES FOR THE 2007 SPECIAL ELECTION.

PLEASE NOTE THAT THE FILING OF THIS FORM OR CFB DISCLOSURE STATEMENTS IS NOT A STATEMENT OF INTENT TO BECOME A CANDIDATE, TO RUN FOR ANY PARTICULAR OFFICE, OR TO JOIN THE NEW YORK CITY CAMPAIGN FINANCE PROGRAM.



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40 Rector Street, New York, NY 10006 • Tel.: (212) 306-7100 • Fax: (212) 306-7143/44/82
 Web site: www.nyccfb.info • E-mail: csu@mail@nyccfb.info

FILER REGISTRATION SPECIAL ELECTION – CITY COUNCIL DISTRICTS 40, 51

1. CANDIDATE NAME AND HOME ADDRESS

MR.	MRS.	MS.	LAST	FIRST	M.I.	CFB USE ONLY
STREET ADDRESS					APARTMENT NUMBER	
CITY			STATE	ZIP CODE	E-MAIL ADDRESS	
TELEPHONE () ()				FAX () ()		

2. CANDIDATE EMPLOYMENT

EMPLOYER NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE () ()		FAX () ()

3. OFFICE SOUGHT (optional)

Office sought: City Council District _____

COMMITTEES AUTHORIZED BY CANDIDATE

In this section enter the name, address, and treasurer information for all committees authorized for the 2007 special election.

Candidates who do not anticipate participating in the Program may authorize and use multiple political committees to raise and spend funds for the 2007 special election, but still must identify a "primary" committee below.

Attach additional form page(s) if the non-participating candidate has more than two (2) additional authorized committees.

4. PRIMARY COMMITTEE

COMMITTEE NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
MAILING ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP CODE	APARTMENT NUMBER
TELEPHONE (DAY) () ()		TELEPHONE (EVENING) () ()	
DATE AUTHORIZED IN FILING WITH THE BOARD OF ELECTIONS		FAX () ()	
WEB SITE ADDRESS(ES)			
IF JOINT COMMITTEE, LIST OTHER CANDIDATES (NON-PARTICIPANTS ONLY)			

5. TREASURER NAME AND HOME ADDRESS

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT NUMBER	
CITY			STATE	ZIP CODE	E-MAIL ADDRESS
TELEPHONE (DAY) ()			TELEPHONE (EVENING) ()		FAX ()

6. TREASURER EMPLOYMENT

EMPLOYER NAME					
STREET ADDRESS					
CITY			STATE	ZIP CODE	
TELEPHONE ()			FAX ()		

7. CAMPAIGN LIAISONS OTHER THAN TREASURER

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT NUMBER	
CITY			STATE	ZIP CODE	E-MAIL ADDRESS
TELEPHONE (DAY) ()			TELEPHONE (EVENING) ()		FAX ()

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT NUMBER	
CITY			STATE	ZIP CODE	E-MAIL ADDRESS
TELEPHONE (DAY) ()			TELEPHONE (EVENING) ()		FAX ()

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT NUMBER	
CITY			STATE	ZIP CODE	E-MAIL ADDRESS
TELEPHONE (DAY) ()			TELEPHONE (EVENING) ()		FAX ()

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT NUMBER	
CITY			STATE	ZIP CODE	E-MAIL ADDRESS
TELEPHONE (DAY) ()			TELEPHONE (EVENING) ()		FAX ()

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.

BY PROVIDING AN E-MAIL ADDRESS ANYWHERE ON THIS FORM, YOU ARE GIVING THE CFB PERMISSION TO SEND YOUR CAMPAIGN E-MAIL ON ANY MATTER. THE CFB WILL SEND E-MAIL TO THE PRIMARY COMMITTEE'S E-MAIL ADDRESS, IF ANY, UNLESS YOU SPECIFICALLY STATE AN ALTERNATIVE E-MAIL ADDRESS.

8. ADDITIONAL 2007 COMMITTEE			
COMMITTEE NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
MAILING ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP CODE	APARTMENT NUMBER
TELEPHONE (DAY) ()	TELEPHONE (EVENING) ()	FAX ()	
DATE AUTHORIZED IN FILING WITH THE BOARD OF ELECTIONS		WEB SITE ADDRESS(ES)	
IF JOINT COMMITTEE, LIST OTHER CANDIDATES			

TREASURER NAME AND HOME ADDRESS					
MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT NUMBER	
CITY		STATE	ZIP CODE	E-MAIL ADDRESS	
TELEPHONE (DAY) ()		TELEPHONE (EVENING) ()		FAX ()	

TREASURER EMPLOYMENT			
EMPLOYER NAME			
STREET ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE ()		FAX ()	

ADDITIONAL 2007 COMMITTEE			
COMMITTEE NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
MAILING ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP CODE	APARTMENT NUMBER
TELEPHONE (DAY) ()	TELEPHONE (EVENING) ()	FAX ()	
DATE AUTHORIZED IN FILING WITH THE BOARD OF ELECTIONS		WEB SITE ADDRESS(ES)	
IF JOINT COMMITTEE, LIST OTHER CANDIDATES			

TREASURER NAME AND HOME ADDRESS					
MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT NUMBER	
CITY		STATE	ZIP CODE	E-MAIL ADDRESS	
TELEPHONE (DAY) ()		TELEPHONE (EVENING) ()		FAX ()	

TREASURER EMPLOYMENT			
EMPLOYER NAME			
STREET ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE ()		FAX ()	

9. OTHER AUTHORIZED COMMITTEES

In this section, list each committee that has not been terminated (including any "political action committees") authorized by the candidate (other than committees authorized for the 2007 special election) required to file Board of Elections or Federal Election Commission disclosure statements. Indicate the date of and office sought in the last election in which the committee was involved, if any, and whether the committee is a joint committee.

Attach additional form page(s) if the non-participating candidate has more than three (3) additional authorized committees.

COMMITTEE NAME				LAST ELECTION: DATE, OFFICE		
MR.	MRS.	MS.	TREASURER NAME: LAST	FIRST		M.I.
TELEPHONE (DAY) ()			TELEPHONE (EVENING) ()		FAX ()	
DATE AUTHORIZED IN FILING WITH THE BOARD OF ELECTIONS						
IF JOINT COMMITTEE, LIST OTHER CANDIDATES						

COMMITTEE NAME				LAST ELECTION: DATE, OFFICE		
MR.	MRS.	MS.	TREASURER NAME: LAST	FIRST		M.I.
TELEPHONE (DAY) ()			TELEPHONE (EVENING) ()		FAX ()	
DATE AUTHORIZED IN FILING WITH THE BOARD OF ELECTIONS						
IF JOINT COMMITTEE, LIST OTHER CANDIDATES						

COMMITTEE NAME				LAST ELECTION: DATE, OFFICE		
MR.	MRS.	MS.	TREASURER NAME: LAST	FIRST		M.I.
TELEPHONE (DAY) ()			TELEPHONE (EVENING) ()		FAX ()	
DATE AUTHORIZED IN FILING WITH THE BOARD OF ELECTIONS						
IF JOINT COMMITTEE, LIST OTHER CANDIDATES						

10. CAMPAIGN CONSULTANT

CONSULTANT ENTITY NAME (IF APPLICABLE)						
MR.	MRS.	MS.	LAST	FIRST		M.I.
STREET ADDRESS						
CITY			STATE	ZIP CODE		E-MAIL ADDRESS
TELEPHONE (DAY) ()			TELEPHONE (EVENING) ()		FAX ()	

11. CONTACT ORDER

Select the contact order in which you would like the CFB to contact representatives of your campaign:

- The candidate should be contacted: First Second Third Fourth
- The treasurer should be contacted: First Second Third Fourth
- The liaison should be contacted: First Second Third Fourth N/A
- The consultant should be contacted: First Second Third Fourth N/A

Although the CFB will attempt to refer to this order for most communications, the CFB may deviate from this order. Additionally, certain written audit and legal notices will be sent directly to the candidate and the treasurer notwithstanding the order requested by the campaign.

12. SCHEDULE OF ACCOUNTS

BANK/DEPOSITORY NAME						
CITY			STATE		ZIP CODE	
ACCOUNT NUMBER			ACCOUNT NAME (IF ANY)			
COMMITTEE NAME			TYPE OF ACCOUNT		PURPOSE OF ACCOUNT	
DATE OPENED	MONTH	DATE	YEAR	<input type="checkbox"/> CHECKING	<input type="checkbox"/> 2007 SPECIAL ELECTION	
DATE CLOSED (IF ANY)	MONTH	DATE	YEAR	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> OTHER (SPECIFY)	
CURRENT BALANCE \$	MONTH	DATE	YEAR	<input type="checkbox"/> MONEY MARKET		
				<input type="checkbox"/> OTHER (SPECIFY)		

BANK/DEPOSITORY NAME						
CITY			STATE		ZIP CODE	
ACCOUNT NUMBER			ACCOUNT NAME (IF ANY)			
COMMITTEE NAME			TYPE OF ACCOUNT		PURPOSE OF ACCOUNT	
DATE OPENED	MONTH	DATE	YEAR	<input type="checkbox"/> CHECKING	<input type="checkbox"/> 2007 SPECIAL ELECTION	
DATE CLOSED (IF ANY)	MONTH	DATE	YEAR	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> OTHER (SPECIFY)	
CURRENT BALANCE \$	MONTH	DATE	YEAR	<input type="checkbox"/> MONEY MARKET		
				<input type="checkbox"/> OTHER (SPECIFY)		

BANK/DEPOSITORY NAME						
CITY			STATE		ZIP CODE	
ACCOUNT NUMBER			ACCOUNT NAME (IF ANY)			
COMMITTEE NAME			TYPE OF ACCOUNT		PURPOSE OF ACCOUNT	
DATE OPENED	MONTH	DATE	YEAR	<input type="checkbox"/> CHECKING	<input type="checkbox"/> 2007 SPECIAL ELECTION	
DATE CLOSED (IF ANY)	MONTH	DATE	YEAR	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> OTHER (SPECIFY)	
CURRENT BALANCE \$	MONTH	DATE	YEAR	<input type="checkbox"/> MONEY MARKET		
				<input type="checkbox"/> OTHER (SPECIFY)		

13. UNIQUE MERCHANT ACCOUNT(S)

If you intend to accept credit card contributions, you must provide your acquirer's name(s) and unique merchant account number(s).

ACQUIRER'S NAME	UNIQUE MERCHANT ACCOUNT NUMBER
ACQUIRER'S NAME	UNIQUE MERCHANT ACCOUNT NUMBER
ACQUIRER'S NAME	UNIQUE MERCHANT ACCOUNT NUMBER
ACQUIRER'S NAME	UNIQUE MERCHANT ACCOUNT NUMBER
ACQUIRER'S NAME	UNIQUE MERCHANT ACCOUNT NUMBER

ATTACH ADDITIONAL FORM PAGE(S) IF THE AUTHORIZED COMMITTEES HAVE ADDITIONAL BANK OR UNIQUE MERCHANT ACCOUNTS.

ENTER HERE THE TOTAL NUMBER OF PAGES SUBMITTED: _____

14. CANDIDATE VERIFICATION

**INDICATE YOUR AGREEMENT TO EACH PARAGRAPH BY INITIALING AT EACH "X".
(Forms missing initials for any item will not be accepted.)**

I hereby verify that I have not accepted, and I will not accept, any contribution or contributions from any one contributor for the 2007 special election that exceed(s) the applicable contribution limit set forth in Section 3-703(1)(f) of the New York City Administrative Code ("Administrative Code") that I have not used, and I will not use, my personal funds or property (or that of my spouse, domestic partner, or unemancipated children) for these elections, except as contributions that do not exceed any applicable limit set forth in Section 3-703(1)(h) of the Administrative Code; that I have not accepted and will not accept directly or indirectly any contributions from a corporation; and that I will abide by all other applicable requirements of Title 3, Chapter 7 of the Administrative Code (the "New York City Campaign Finance Act" or the "Act") and the Campaign Finance Board Rules (the "Rules"), including requirements for campaign finance disclosure statements and recordkeeping.*

x _____

I understand that I am responsible for reading, understanding, and knowing the contents of the Act and the Rules. I also understand that I, the committee(s) I authorize for the 2007 special election, and my agents are required to abide by the terms and conditions of the Act and the Rules applicable to the 2007 special elections, even if amended after I sign this.

x _____

I understand that my home address, the primary committee address, and the Treasurer's home address as provided in sections 1, 5, and 6, are addresses to which legal notices, including correspondence and legal papers, may be sent. I further understand that if it becomes necessary to update these addresses, I am responsible for promptly notifying the CFB, in writing, of the new address.

x _____

I understand that failure to abide by the requirements of the Act or Rules may result in the imposition of such penalties as are provided in Section 3-711 of the Administrative Code and other applicable law or rules. The Act provides for penalties up to \$10,000 per violation. I further understand that I, the committee(s) I authorize for the 2007 special election, the treasurer(s) of those committee(s), and any other of my agents, may be jointly and severally liable for the payment of civil penalties assessed by the Board.

x _____

I verify that the information on 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 Section 3-711(3) of the Administrative Code.

x _____

I understand that knowingly making a false written statement, including but not limited to in the form of an electronic submission, is a Class A misdemeanor pursuant to New York State Penal Law Section 210.45.

x _____

* The Act does not impose any limitations on the aggregate value of contributions a candidate may make to his or her own campaign with her or her personal funds and property as long as that candidate will not be a participant in the New York City Campaign Finance Program.

I understand that knowingly offering false written information, 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 Section 175.35.

x _____

CANDIDATE SIGNATURE: _____ DATE: _____

15. TREASURER VERIFICATION

**INDICATE YOUR AGREEMENT TO EACH PARAGRAPH BY INITIALING AT EACH "X".
The treasurer for each committee active for the 2007 special election must fully initial
and submit this verification. If you need additional copies of this treasurer verification,
you may copy the blank form. (Forms missing initials for any item will not be accepted.)**

Please indicate committee(s) active for the 2007 special election for which you are treasurer:

I hereby verify that I am treasurer of the committee(s) listed above, each of which is authorized by the candidate to be involved in the 2007 special election (the "Committee(s)").

x _____

I hereby verify that the Committee(s) have not accepted and will not accept any contribution or contributions from any one contributor for the 2007 special election that exceed(s) the applicable contribution limit set forth in Section 3-703(1)(f) of the New York City Administrative Code (the "Administrative Code"); that the Committee(s) have not accepted and will not accept directly or indirectly any contributions from a corporation, and that I, on behalf of the Committee(s), will abide by all other applicable requirements of the Act and the Campaign Finance Board Rules (the "Rules"), including requirements for campaign finance disclosure statements and recordkeeping.*

x _____

I understand that I am responsible for reading, understanding, and knowing the contents of the Act and the Rules. I also understand that I, the candidate, the committee(s) authorized by the candidate for the 2007 special election, and the candidate's agents, are required to abide by the terms and conditions of the Act and the Rules applicable to the 2007 special elections, even if amended after I sign this.

x _____

I understand that the addresses provided for the Committee(s), and/or my home address, are address(es) to which legal notices, including correspondence and legal papers, will be sent. I further understand that if it becomes necessary to update any address, I am responsible for promptly notifying the CFB, in writing, of the change.

x _____

I understand that failure to abide by the requirements of the Act or Rules may result in the imposition of such penalties as are provided in Section 3-711 of the Administrative Code and other applicable law or rules. The Act provides for penalties up to \$10,000 per violation. I further understand that I, the committee(s) authorized by the candidate for the 2007 special election, any other agent of the candidate, and the candidate, may be jointly and severally liable for the payment of civil penalties assessed by the Board.

x _____

I verify that the information on 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 Section 3-711(3) of the Administrative Code.

x _____

* The Act does not impose any limitations on the aggregate value of contributions a candidate may make to his or her own campaign with her or her personal funds and property as long as that candidate will not be a participant in the New York City Campaign Finance Program.

I understand that knowingly making a false written statement, including but not limited to in the form of an electronic submission, is a Class A misdemeanor pursuant to New York State Penal Law Section 210.45.

x _____

I understand that knowingly offering false written information, 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 Section 175.35.

x _____

TREASURER SIGNATURE: _____

DATE: _____