



New York City Campaign Finance Board

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

POLITICAL COMMITTEE REGISTRATION FORM

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 who participates in the New York City Campaign Finance Program ("Program"). This registration is effective for all City elections held through December 31, 2009. This form must be resubmitted if any of the information originally submitted changes. Some of the information submitted on this form will be made available to the public on the Campaign Finance Board's Web site.

Candidates participating in the Program are not required to submit this form, since Program participation automatically registers your committee.

Instructions

The following numbers refer to the corresponding section numbers on the attached Political Committee Registration form. Enter "N/A" to indicate items that do not apply.

- 1-3) Enter all information requested about the committee, chairperson (or person of equivalent authority), and treasurer.
- 4) If the committee has a liaison other than its treasurer, enter all the information requested. Enter "N/A" to indicate items that do not apply. If a liaison is listed, please check the appropriate box to indicate the circumstances in which the Board should contact the liaison. If neither box is checked, the Board will always seek to contact the treasurer first.
- 5) Complete either section 5a, 5b, or 5c. Select the term the committee uses in its filings with the 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 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." (New York State Board of Elections Handbook of Instructions for Campaign Financial Disclosure 2005, p. 1).

The information contained in sections 11 and 12 is for political committees established by labor organizations, including PACs. This information 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.

- 11) Enter information for any bank account from which contributions are made.
- 12) List any governing board members and officers.
- 13) The committee's treasurer must read and sign the verification and have it notarized.

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 Campaign Finance Board, in accordance with New York City Administrative Code §3-707, in which case candidates and prospective candidates in the New York City Campaign Finance Program may not accept contributions from the committee.



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1. COMMITTEE

NAME		ACRONYM OR ABBREVIATED NAME	
STREET ADDRESS		IS THIS COMMITTEE INCORPORATED?	
CITY	STATE	ZIP CODE	TELEPHONE ()
FAX ()	E-MAIL	WEB SITE	

2. CHAIRPERSON OR EQUIVALENT

MR.	MRS.	MS.	LAST	FIRST	M.I.
EMPLOYER (NAME)				EMPLOYER (CITY)	

3. TREASURER

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS					
CITY	STATE	ZIP CODE	TELEPHONE ()		
FAX ()	E-MAIL				
EMPLOYER (NAME)				CITY	

4. LIAISON

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS					
CITY	STATE	ZIP CODE	TELEPHONE ()		
FAX ()	E-MAIL				
EMPLOYER (NAME)				CITY	

THIS PERSON SHOULD BE CONTACTED BY THE NEW YORK CITY CAMPAIGN FINANCE BOARD:

IF THE TREASURER IS UNAVAILABLE

INSTEAD OF THE TREASURER

5. TYPE OF COMMITTEE	5c. CANDIDATE COMMITTEE
<p>Complete either 5a, 5b, or 5c. Select the term the committee uses in its filings with the BOE or FEC, or, if the committee does not file with the BOE or FEC, select the term that best describes the committee.</p>	<p>List the candidate, or in the case of a multi-candidate committee, the candidates, who have authorized the committee to take part in their election, and the date of the election, and the office and district sought.</p>
5a. PAC (POLITICAL ACTION COMMITTEE)	<p>CANDIDATE NAME (LAST)_____ (FIRST)_____</p> <p>DATE OF ELECTION: _____ OFFICE & DISTRICT: _____</p>
<p>A PAC is considered to be “any political committee that supports candidates or other political committees by making contributions only; <i>i.e.</i>, PACs do not make direct expenditures on behalf of Candidates.” (New York State Board of Elections Handbook of Instructions for Campaign Financial Disclosure 2005, p. 1).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Corporate <input type="checkbox"/> Non-Corporate Business <input type="checkbox"/> Labor <input type="checkbox"/> Trade/Membership/Health <input type="checkbox"/> Leadership <input type="checkbox"/> Non-Connected/Ideological <input type="checkbox"/> Other PAC <p style="margin-left: 20px;">Specify: _____</p>	<p>CANDIDATE NAME (LAST)_____ (FIRST)_____</p> <p>DATE OF ELECTION: _____ OFFICE & DISTRICT: _____</p>
5b. POLITICAL COMMITTEE (other than a PAC or Candidate Committee)	<p>CANDIDATE NAME (LAST)_____ (FIRST)_____</p> <p>DATE OF ELECTION: _____ OFFICE & DISTRICT: _____</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Political Party <ul style="list-style-type: none"> <input type="checkbox"/> Party Committee <input type="checkbox"/> Constituted Committee <p style="margin-left: 20px;">Specify geographic area covered: _____</p> <input type="checkbox"/> Political Club <input type="checkbox"/> Ballot Question <input type="checkbox"/> Other Political Committee (other than a PAC) <p style="margin-left: 20px;">Specify: _____</p>	<p>Attach photocopy of this page if more space is needed.</p>
6. Where does this committee file financial disclosure statements?	
<p>Check all boxes that are applicable.</p> <ul style="list-style-type: none"> <input type="checkbox"/> City BOE Registration Number: _____ <input type="checkbox"/> State BOE Registration Number: _____ <input type="checkbox"/> FEC Registration Number: _____ <input type="checkbox"/> Other Specify: _____ Registration Number: _____ 	
7. What types of expenditures may the committee make?	
<p>Check all boxes that are applicable.</p> <ul style="list-style-type: none"> <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 <input type="checkbox"/> Monetary contributions to other political committees <input type="checkbox"/> Other 	

10. Who determines the candidates for whom the committee makes contributions and/or independent expenditures?

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 photocopy of this page if more space is needed.

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

11. BANK ACCOUNT INFORMATION (for Political Committees established by Labor Organizations, including PACs)

BANK/DEPOSITORY NAME					
CITY				STATE	ZIP CODE
ACCOUNT NUMBER			ACCOUNT NAME (IF ANY)		
COMMITTEE NAME			TYPE OF ACCOUNT		SIGNATORIES OF ACCOUNT
DATE OPENED	MONTH	DATE	YEAR	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____	1. _____
DATE CLOSED (IF ANY)	MONTH	DATE	YEAR		2. _____
CURRENT BALANCE \$	MONTH	DATE	YEAR		3. _____
BANK/DEPOSITORY NAME			CITY		STATE
ACCOUNT NUMBER			ACCOUNT NAME (IF ANY)		
COMMITTEE NAME			TYPE OF ACCOUNT		SIGNATORIES OF ACCOUNT
DATE OPENED	MONTH	DATE	YEAR	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____	1. _____
DATE CLOSED (IF ANY)	MONTH	DATE	YEAR		2. _____
CURRENT BALANCE \$	MONTH	DATE	YEAR		3. _____
BANK/DEPOSITORY NAME			CITY		STATE
ACCOUNT NUMBER			ACCOUNT NAME (IF ANY)		
COMMITTEE NAME			TYPE OF ACCOUNT		SIGNATORIES OF ACCOUNT
DATE OPENED	MONTH	DATE	YEAR	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____	1. _____
DATE CLOSED (IF ANY)	MONTH	DATE	YEAR		2. _____
CURRENT BALANCE \$	MONTH	DATE	YEAR		3. _____

**12. BOARD MEMBERS & OFFICERS
(for Political Committees established by Labor Organizations, including PACs)**

Please list members and officers of the governing board. (Attach copy of this page if more space is needed.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

13. VERIFICATION

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

_____, 200__

NOTARY PUBLIC

TREASURER SIGNATURE

Please return this form to the New York City Campaign Finance Board with an original signature. Do not fax.

Total number of pages submitted: _____