

This is a Filer Registration form.

**This form does not make
you a participant in the
Campaign Finance Program.**

**In order to become a
participant, you must file
the 2007 Certification form
by June 1, 2007.**



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.nycffb.info • E-mail: csumail@nycffb.info

FILER REGISTRATION – 2007 ELECTIONS

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 elections. 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 June 1, 2007.

Complete the entire Filer Registration. Enter “N/A” to indicate items which do not apply. Incomplete forms will not be accepted. All pages must be submitted. 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 elections. 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 office sought and party registration. This information is optional. Completing it, however, will allow the CFB to better assist you with compliance.
4. Enter the name, address, and other information for your principal or primary committee. Candidates who anticipate participating in the Program may use only one political committee to raise and spend funds for the 2007 elections. 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 elections 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 e-mail address, you are giving the CFB permission to send your campaign e-mail.

5. Enter the primary/principal 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/principal committee’s treasurer’s employment information.

7. On the "Schedule of Accounts," list all accounts held since January 2006 by each authorized committee that is listed on this form, including the primary/principal committee and any other authorized committees listed under items 12 and 13. Indicate the type and purpose of the account, including whether the bank account has been or will be used exclusively for soliciting non-matchable contributions by Program participants for disbursements to political clubs, candidates, or political committees or for the payment of debt for past elections or for transfers to non-covered committees.
8. If you intend to accept credit card contributions, enter the acquirer name(s) and unique merchant account number(s).
9. Identify any liaison the CFB is authorized to contact so that the CFB may provide all relevant information in a timely manner.
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 contact these representatives, the candidate and treasurer(s) remain ultimately responsible for the campaign's compliance and are jointly and severally liable with the committee for any penalties assessed by the Board and for any public funds that must be repaid to the Board.
12. 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 elections, including joint committees with other candidates. If you do not anticipate joining the Program and have multiple committees active for the 2007 elections, enter the names of all other committees authorized for the 2007 elections, and the name, address information, and telephone number of the treasurer(s) of each of these committees. Remember that the home address of each treasurer is an address to which legal notices will be sent and that you must promptly notify the CFB of any changes to it. The CFB recommends against having more than one authorized committee for the 2007 elections.
13. If you have authorized any political committees for purposes other than the 2007 elections, these political committees must be listed if they have not been terminated.
14. The candidate must read, initial each clause, sign, and date the Candidate Verification.
15. The treasurer of each committee authorized for the 2007 elections must read, initial each clause, sign, and date the Treasurer Verification.

**THIS FORM MUST BE SUBMITTED BEFORE THE FIRST DISCLOSURE
STATEMENT THE CAMPAIGN FILES FOR THE 2007 ELECTIONS.**

**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.**



New York City Campaign Finance Board

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 Web site: www.nyccfb.info • E-mail: csumail@nyccfb.info

FILER REGISTRATION — 2007 ELECTIONS

1. CANDIDATE NAME – HOME ADDRESS

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

2. CANDIDATE EMPLOYMENT

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

3. OFFICE SOUGHT (optional)

City Council District # ☐ 40 ☐ 51 Party Registration: _____

COMMITTEES AUTHORIZED BY CANDIDATE

In this section enter the name, address, and treasurer information for your primary/principal committee authorized for the 2007 elections.

4. PRIMARY/PRINCIPAL COMMITTEE

COMMITTEE NAME			
STREET ADDRESS			APARTMENT NUMBER
CITY	STATE	ZIP CODE	DATE AUTHORIZED IN FILING WITH THE BOARD OF ELECTIONS
MAILING ADDRESS (IF DIFFERENT)			
STREET ADDRESS			APARTMENT NUMBER
CITY	STATE		ZIP CODE
DAYTIME TELEPHONE () EXT.	EVENING TELEPHONE () EXT.		FAX ()
E-MAIL ADDRESS		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	DAYTIME TELEPHONE () EXT.
EVENING TELEPHONE () EXT.			FAX ()	E-MAIL ADDRESS	

6. TREASURER EMPLOYMENT

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

7. 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 ELECTIONS
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 ELECTIONS
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)	

8. 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 PRIMARY/PRINCIPAL COMMITTEE HAS ADDITIONAL BANK OR UNIQUE MERCHANT ACCOUNTS.

9. CAMPAIGN LIAISONS OTHER THAN TREASURER

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

10. CAMPAIGN CONSULTANT

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

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. ADDITIONAL 2007 AUTHORIZED COMMITTEES

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

TREASURER NAME AND HOME ADDRESS

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

TREASURER EMPLOYMENT

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

ADDITIONAL 2007 AUTHORIZED COMMITTEES

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

TREASURER NAME AND HOME ADDRESS

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

TREASURER EMPLOYMENT

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

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

13. 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 elections) 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, and whether the committee was a joint committee.

Attach additional form page(s) if the candidate has more than four (4) additional authorized committees.

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

**THE CFB WILL NOT DISCUSS INFORMATION RELATED TO YOUR CAMPAIGN
WITH INDIVIDUALS 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/PRINCIPAL COMMITTEE'S E-MAIL ADDRESS, IF ANY,
UNLESS YOU SPECIFICALLY STATE AN ALTERNATIVE E-MAIL ADDRESS.**

**ENTER HERE THE TOTAL NUMBER OF PAGES SUBMITTED, INCLUDING THE
CANDIDATE CERTIFICATION AND THE TREASURER VERIFICATION: _____**

14. CANDIDATE VERIFICATION

INDICATE YOUR AGREEMENT TO EACH PARAGRAPH BY INITIALING THE LINE TO THE RIGHT. (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 elections 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.*

_____ *initial here*

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 elections, and my agents are required to abide by the terms and conditions of the Act and the Rules applicable to the 2007 elections, even if amended after I sign this, and regardless whether I elect to join the Program.

_____ *initial here*

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 addresses.

_____ *initial here*

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 and higher penalties for expenditure limit violations. I further understand that I, the committee(s) I authorize for the 2007 elections, 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.

_____ *initial here*

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.

_____ *initial here*

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.

_____ *initial here*

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.

_____ *initial here*

CANDIDATE SIGNATURE: _____

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

15. TREASURER VERIFICATION

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

Please indicate committee(s) active for the 2007 elections 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 elections (the "Committee(s)").

_____ *initial here*

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 elections 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 Rules, including requirements for campaign finance disclosure statements and recordkeeping.*

_____ *initial here*

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 elections, and the candidate's agents, are required to abide by the terms and conditions of the Act and the Rules applicable to the 2007 elections, even if amended after I sign this, and regardless whether I elect to join the Program.

_____ *initial here*

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.

_____ *initial here*

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 and higher penalties for expenditure limit violations. I further understand that I, the committee(s) authorized by the candidate for the 2007 elections, 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.

_____ *initial here*

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.

_____ *initial here*

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.

_____ *initial here*

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.

_____ *initial here*

TREASURER SIGNATURE: _____

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