



New York City Campaign Finance Board

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

TRANSITION AND INAUGURAL ENTITY ("TIE") REGISTRATION — 2007T

GENERAL INSTRUCTIONS

Before any private funds are raised or spent for transition and inauguration into office, all elected candidates must create and register a new transition and inaugural entity ("TIE") with the Campaign Finance Board. Use this form to register each TIE you create. TIE's need not file with the Board of Elections. TIE's cannot be political committees, and you must specifically create a new TIE for transition and inaugural activities — you may **not** use pre-existing entities.

CONTENTS

This form is organized into the following sections:

1. Elected Candidate
2. The TIE Created by the Elected Candidate
3. Bank/Depository Accounts
4. Verification

INSTRUCTIONS

- 1) Enter all the elected candidate's information requested.
- 2) Enter the name, address, and mailing address (if different) of the TIE and the date the TIE was created.
- 3) Enter all treasurer information requested.
- 4) If you designate an officer of the TIE, other than the treasurer, to sign disclosure reports, enter all of the information requested. If such an officer is listed, please check the appropriate box to indicate when the CFB should contact the officer. If neither box is checked, the CFB will always seek to contact the treasurer first.
- 5) Enter all liaison information requested, if applicable. If a liaison is listed, please check the appropriate box to indicate when the CFB should contact the liaison. If neither box is checked, the CFB will always seek to contact the treasurer first.
- 6) List all bank accounts held by the TIE.
- 7) The elected candidate and the treasurer or another officer who is designated to sign the disclosure reports must read and sign the "Verification" on the last page of this form. These signatures must be notarized.

You must submit a separate form for each TIE you create.



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TRANSITION AND INAUGURAL ENTITY ("TIE") REGISTRATION FORM — 2007T

1. ELECTED CANDIDATE

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

2. TIE AUTHORIZED BY ELECTED CANDIDATE

In this section, list the name, mailing address, and the treasurer's name of the TIE authorized by the elected candidate. Also, if applicable, list the name and the telephone number of any other person designated to sign disclosure reports or act as liaison with the Campaign Finance Board.

(Enter number of pages submitting: _____)

TIE

TIE NAME						
STREET ADDRESS					APARTMENT NUMBER	
CITY			STATE	ZIP CODE		
MAILING ADDRESS (IF DIFFERENT)					APARTMENT NUMBER	
CITY			STATE	ZIP CODE		
TELEPHONE (DAY) ()		TELEPHONE (EVENING) ()		FAX ()		
DATE TIE WAS CREATED				E-MAIL		

TREASURER

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

TREASURER EMPLOYMENT

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

DESIGNATED OFFICER AUTHORIZED TO SIGN DISCLOSURE REPORTS

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT NUMBER	
CITY			STATE	ZIP CODE	
TELEPHONE (DAY) ()		TELEPHONE (EVENING) ()		FAX ()	
E-MAIL		EMPLOYER			
THIS PERSON SHOULD BE CONTACTED BY THE NEW YORK CITY CAMPAIGN FINANCE BOARD:					
<input type="checkbox"/> IF THE TREASURER IS UNAVAILABLE			<input type="checkbox"/> INSTEAD OF THE TREASURER		

LIAISON

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT NUMBER	
CITY			STATE	ZIP CODE	
TELEPHONE (DAY) ()		TELEPHONE (EVENING) ()		FAX ()	
E-MAIL		EMPLOYER			
THIS PERSON SHOULD BE CONTACTED BY THE NEW YORK CITY CAMPAIGN FINANCE BOARD:					
<input type="checkbox"/> IF THE TREASURER IS UNAVAILABLE			<input type="checkbox"/> INSTEAD OF THE TREASURER		

3. BANK/DEPOSITORY ACCOUNTS

CANDIDATE NAME: LAST				FIRST	M.I.	CFB USE ONLY
BANK/DEPOSITORY NAME						
CITY			STATE	ZIP CODE		
ACCOUNT NUMBER			ACCOUNT NAME (IF ANY)			
TIE NAME				TYPE 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)	
DATE CLOSED (IF ANY)		MONTH	DATE	YEAR	<input type="checkbox"/> OTHER (SPECIFY)	
CURRENT BALANCE \$		MONTH	DATE	YEAR	CFB USE ONLY	
BANK/DEPOSITORY NAME						
CITY			STATE	ZIP CODE		
ACCOUNT NUMBER			ACCOUNT NAME (IF ANY)			
TIE NAME				TYPE 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)	
DATE CLOSED (IF ANY)		MONTH	DATE	YEAR	<input type="checkbox"/> OTHER (SPECIFY)	
CURRENT BALANCE \$		MONTH	DATE	YEAR	CFB USE ONLY	
BANK/DEPOSITORY NAME						
CITY			STATE	ZIP CODE		
ACCOUNT NUMBER			ACCOUNT NAME (IF ANY)			
TIE NAME				TYPE 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)	
DATE CLOSED (IF ANY)		MONTH	DATE	YEAR	<input type="checkbox"/> OTHER (SPECIFY)	
CURRENT BALANCE \$		MONTH	DATE	YEAR	CFB USE ONLY	

ATTACH ADDITIONAL FORM PAGE(S) IF THE TIE HAS MORE THAN THREE (3) BANK ACCOUNTS.

4. VERIFICATION

I understand that intentionally or knowingly making a false statement or intentionally or knowingly violating any provision of the transition and inaugural donations sections of the New York City Administrative Code is a Class A misdemeanor pursuant to Section 3-802 of the Administrative Code.

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 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.

SWORN TO BEFORE ME THIS

_____ day of
_____, 2007

NOTARY PUBLIC

CANDIDATE SIGNATURE

SWORN TO BEFORE ME THIS

_____ day of
_____, 2007

NOTARY PUBLIC

TREASURER SIGNATURE

SWORN TO BEFORE ME THIS

_____ day of
_____, 2007

NOTARY PUBLIC

DESIGNATED OFFICER 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: _____