

TYPE 8

**INDEPENDENT EXPENDITURE COMMITTEE
CAMPAIGN FINANCE REGISTRATION FORM**

NEW YORK STATE BOARD OF ELECTIONS

Section 14-100(15), 14-107, 14-112 and 14-118 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

Check the box that applies:

New Registration Amended Registration (Provide Filer ID#): _____

A. COMMITTEE NAME: _____

For Acronyms (See instructions): _____

B. TREASURER:

Full Name: _____

Residential Address (No P.O. Box): _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

Mailing Address (P.O. Box allowed): _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

Social Security Number (Optional): _____ Email: _____

Telephone: Home: _____ Business: _____ Cell: _____

Occupation: _____

Name of Employer: _____

C. DEPOSITORY/BANK:

Name: _____

Address: _____

City or Town: _____ State: _____ Zip: _____

D. CANDIDATE(S) TO BE SUPPORTED OR OPPOSED (Attach additional sheets if necessary):

	ELECTION YEAR	OFFICE/DISTRICT	CANDIDATE FULL NAME	SUPPORT/OPPOSE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

E. BALLOT ISSUE(S) (Attach additional sheets if necessary):

SUPPORT/OPPOSE

1. _____
2. _____

F. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS (Attach additional sheets if necessary):

Full Name: _____

Residential Address (No P.O. Box): _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Signature: _____

G. LIST REQUIRED INDIVIDUAL(S) / ENTITY / ENTITIES AND INDICATE THE CATEGORY OR CATEGORIES FOR EACH:

(Attach additional sheets if necessary):

CATEGORIES:

1. Check box 1 if this committee is an individual, provide the required information as listed.
2. Check box 2 if the committee is an entity, provide the name, employer, and any related information of any individual who exerts operational or managerial influence or control over the entity.
3. Check box 3 if the committee is an entity, provide the name, employer and related information of any salaried employee of the committee.
4. Check box 4 for those individuals who have been identified in categories 1, 2 or 3 who have, during the two year period before filing, been employed or retained as a political, media or fundraising advisor or consultant for a candidate, any entity directly controlled by a candidate, or any party or constituted committee or have held a formal position in the office of a candidate's elected office, or any party or constituted committee, and provide the name and address of the relevant employer or retaining entity. If more than one relevant employer or retaining entity, attach additional sheets with names and addresses. For each such employer or retaining entity listed for the two year period, provide the basis for listing them on the "Reason" line provided.
5. Check box 5 for those individuals who have been identified in categories 1, 2 or 3 who are members of a candidate's immediate family (spouse, child, grandparent, brother, half-brother, sister, half-sister of the candidate and spouses of these individuals).

Full Name: _____ Occupation: _____

Res. Address: _____

Current Employer: _____

Current Employer Address: _____

Check appropriate category: [] 1 [] 2 [] 3 [] 4* [] 5

*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: _____ Name: _____

Address: _____ Address: _____

Reason: _____ Reason: _____

Full Name: _____ Occupation: _____

Res. Address: _____

Current Employer: _____

Current Employer Address: _____

Check appropriate category: [] 1 [] 2 [] 3 [] 4* [] 5

*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: _____ Name: _____

Address: _____ Address: _____

Reason: _____ Reason: _____

Full Name: _____ Occupation: _____

Res. Address: _____

Current Employer: _____

Current Employer Address: _____

Check appropriate category: 1 2 3 4* 5

*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: _____ Name: _____

Address: _____ Address: _____

Reason: _____ Reason: _____

Full Name: _____ Occupation: _____

Res. Address: _____

Current Employer: _____

Current Employer Address: _____

Check appropriate category: 1 2 3 4* 5

*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: _____ Name: _____

Address: _____ Address: _____

Reason: _____ Reason: _____

The committee is hereby notifying the New York State Board of Elections that it intends to make independent expenditures, pursuant to Election Law 14-107, and will make all required disclosures.

Pursuant to Election Law 14-112, no candidate listed in Section D of this form has authorized the activities of this committee.

VERIFICATION STATEMENT BY TREASURER

I swear or affirm that the information contained herein is in all respects true and complete to the best of my knowledge, information and belief.

Sworn to before me this _____ day

of _____, 20 _____

(Notary Public or Commissioner of Deeds)

Signature of Committee Treasurer

Residential Address

Contact Phone Number

INDEPENDENT EXPENDITURE REGISTRATION INSTRUCTIONS

Independent Expenditure Committee (EL 14-100 (15)) means a political committee that only makes independent expenditures and does not coordinate with a candidate, candidate's authorized committees or an agent of the candidate as defined in paragraph (g) of subdivision one of section 14-107 of the Election Law. For a definition of coordination, see EL 14-107 (1)(d).

An independent expenditure committee may be created by a person, group of persons, corporation, unincorporated business entity, labor organization or business, trade or professional association, or organization, or political committee.

AN INDEPENDENT EXPENDITURE COMMITTEE MUST:

- File this form within five days of choosing a treasurer and depository **and** prior to receiving or expending any funds.
- Complete this form and provide original signature(s) in ink. Copies of signatures, including those on faxes, PDFs or other electronic files are **not** acceptable.

New Registration: If registering a new committee, check this box. A Filer ID# may be assigned to the committee by the board and should be used on all documents and correspondence.

Amended Registration: For an existing committee if any information previously filed has changed, check this box. A fully completed amended registration must be filed within two days of any change, except any change in Item G related to ownership or control of the entity registered as an independent expenditure committee must be filed within 24 hours. Provide Filer ID# that was assigned.

Item A: Enter the name of the committee. If an acronym is used in the name of the committee (e.g. "NYSBOE" = "New York State Board of Elections"), please also spell out the acronym.

Item B: Enter the name of the treasurer of record for the committee. Residential address is mandatory; include building and apartment number, city or town, state and zip code. Social Security number is optional.

Item C: Your account must be opened at a banking organization authorized to do business in New York State. The branch where the account is opened and held must be physically located in New York State.

Item D: Provide the election year, office/district and name of the candidate(s) the committee supports or opposes.

Item E: Provide the name of any ballot issue(s) the committee support or opposes.

Item F: Provide the name and related information of the person(s), other than the treasurer, authorized to sign checks as applicable.

Item G: Provide the names(s), occupation(s), address(es), current employer name(s) and address(es) of any individual(s) and/or retaining entity and indicate the category or categories for each as follows (if you checked box 4, also provide the name of the relevant employer or retaining entity name and address):

1. Check box 1 if this committee is an individual, provide the required information as listed.
2. Check box 2 if the committee is an entity, provide the name, employer, and any related information of any individual who exerts operational or managerial influence or control over the entity.
3. Check box 3 if the committee is an entity, provide the name, employer and related information of any salaried employee of the committee.
4. Check box 4 for those individuals who have been identified in categories 1, 2 or 3 who have, during the two year period before filing, been employed or retained as a political, media or fundraising advisor or consultant for a candidate, any entity directly controlled by a candidate, or any party or constituted committee or have held a formal position in the office of a candidate's elected office, or any party or constituted committee, and provide the name and address of the relevant employer or retaining entity. If more than one relevant employer or retaining entity, attach additional sheets with names and addresses. For each such employer or retaining entity listed for the two year period, provide the basis for listing them on the "Reason" line provided (for example, "media consultant").
5. Check box 5 for those individuals who have been identified in categories 1, 2 or 3 who are members of a candidate's immediate family (spouse, child, grandparent, brother, half-brother, sister, half-sister of the candidate and spouses of these individuals).