

CF-04 CANDIDATE CAMPAIGN FINANCE REGISTRATION FORM And/Or To Request NYSBOE Filer ID# and PIN

NEW YORK STATE BOARD OF ELECTIONS
Section 14-104(1) and 14-118(3) of NYS Election Law

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

This form should only be used by candidates to register with NYSBOE to obtain a Filer ID# and PIN or to register with a local board of elections, in one of two circumstances:

- (1) The candidate does not have a registered authorized committee. The candidate is therefore required to personally disclose all the financial activity of the campaign, including any use of their own money.
- (2) The candidate has a registered authorized committee, but chooses to have financial activity for the campaign that will not be disclosed by the authorized committee.

Candidates who have an authorized committee that is registered and will be disclosing ALL of the financial activity of the candidate's campaign, including the financial activity of the candidate, **should not file this form**. Instead, that candidate should file a CF-16 form no later than 32 days prior to the first election for which the candidate would be obligated to file reports.

Please check the applicable box:

- I do not have a registered authorized committee. I am therefore required to personally disclose all the financial activity of my campaign, including any use of my own money.
- I have a registered authorized committee, but plan to personally disclose financial activity undertaken by me which is separate from, and not disclosed by my authorized committee.

New Registration Amended Registration* (provide Filer ID#): _____

For State Campaign For Local Campaign (provide County): _____

* For amendments, check the box(es) below to indicate the section(s) being amended.

A. OFFICE: _____
(For a local campaign also include name and type of municipality e.g., City of Newburgh; Town of Colonie; Village of Scotia)

DISTRICT: _____ **ELECTION YEAR:** _____

B. CANDIDATE:

Full Name _____

Residential Address (no P.O. Box)

_____ Apartment # _____

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

Social Security Number _____ E-mail Address _____

Telephone: Home _____ Business _____ Cell _____

C. DEPOSITORY/BANK:

Name _____

Address _____

The above information is true to the best of my knowledge and belief

Signature of Candidate

Date

FORM CF-04 INSTRUCTIONS

This form must contain original signatures in ink.

Copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable.

FILE THIS FORM IF:

- You are a candidate **without a registered authorized committee**. Candidates without a registered authorized committee must themselves disclose all financial activity of the campaign, including any use of their own money by filing disclosure reports on the required filing dates.
- You are a candidate **with a registered authorized committee AND you have additional financial activity that will not be reported by your committee**. Candidates with a registered authorized committee who have, or plan on having, any financial activity, including the financial activity of the candidate, that will not be disclosed by the committee, are required to disclose this other financial activity by filing financial disclosure reports on the required filing dates. These reports would be in addition to the committee's reports.

WHERE TO FILE THIS FORM:

State Candidates:

- Submit this form to NYSBOE to receive a Filer ID# and PIN to file electronically.

Local Candidates:

- Submit this form to your local board of elections if you are a local candidate where at the close of the reporting period the aggregate of the receipts or expenditures of the campaign have not exceeded \$1,000, including the financial activity of the candidate; and/or
- Submit this form to your local board of elections and to NYSBOE to receive a Filer ID# and PIN to file electronically if at the close of the reporting period the aggregate of the receipts or expenditures of the campaign have exceeded \$1,000, including the financial activity of the candidate, and the candidate does not have a registered authorized committee disclosing all of the financial activity of the campaign, including the financial activity of the candidate; or if the candidate has a registered authorized committee, but chooses to have financial activity for the campaign that will not be disclosed by the registered authorized committee.

DO NOT FILE THIS FORM IF:

- You are a candidate **with a registered authorized committee that will make all of the candidate's required campaign financial disclosure filings**. These committee filings would include all the financial activity of the campaign, including the financial activity of the candidate. In this instance, candidates are required to submit a *Candidate's Authorization for a Committee to Make All Campaign Financial Disclosures (CF-16)*.

New Registration: Check this box if filing this form for the first time to obtain a Filer ID# and PIN in order to make campaign financial disclosures. The Filer ID# should be used on all documents and correspondence to NYSBOE.

Amended Registration: For an existing candidate, if any information previously filed has changed, other than the election year, check this box. A fully completed amended registration must be filed within two days of any change. Provide the Filer ID# that was assigned by NYSBOE when this form was originally filed.

For State Campaign: For candidates running for New York State Governor, Lt. Governor, State Comptroller, State Attorney General, State Senate, State Assembly and State Supreme Court and certain party offices, check this box.

For Local Campaign: For all other offices, check this box and list the county name where the local office is being sought.

Item A: Candidates for statewide office must provide the office sought, district# and election year. Local candidates provide the office sought including the name and type of municipality e.g., city of, town of or village of. The district and election year must also be provided.

Item B: Enter the name of the candidate. A residential address is mandatory, include building and apartment number if applicable, mailing address if different, and phone number. P.O. Box is not allowed for residential address. 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.