



James A. Walsh  
Co-Chair

Gregory P. Peterson  
Commissioner

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Co-Executive Director

## STATE BOARD OF ELECTIONS

COMPLIANCE UNIT  
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Commissioner

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Co-Executive Director

### 2014 CERTIFICATION FORM For the Office of the State Comptroller Public Finance Program

You must file this form with the New York State Board of Elections (NYSBOE) to become a participant in the NYS Office of the State Comptroller Public Finance Program ("Program") at the Compliance Unit's address as listed above.

#### THE DEADLINE TO FILE THIS FORM IS AUGUST 1, 2014

If you are a candidate in the 2014 elections for the Office of the State Comptroller and wish to participate in the Program and be eligible to receive public funds, this Certification form must be filed no later than **August 1, 2014**. *Late or incomplete certifications will not be accepted.* (Mail is deemed to be properly filed when deposited in an established post office within the prescribed time, duly stamped, certified and directed to NYSBOE. (EL 14-108(6)).

#### IMPORTANT INFORMATION – PLEASE READ

Complete the entire Certification. Enter "N/A" to indicate items which do not apply. All mandatory fields have been marked with an "\*". All pages must be submitted by mail or hand-delivery with original signatures of the candidate and treasurer. Incomplete or illegible forms will not be accepted. Any changes to the information provided require an amendment to the Certification. Contact NYSBOE for more information. Communications both written and oral, will be directed to the candidate's, treasurer's and/or authorized committee's address, telephone number, and/or email address. You must notify NYSBOE of any changes to the information.

It is mandatory that email addresses be provided for both the candidate and treasurer as part of your registration with NYSBOE.

To protect your privacy, NYSBOE will not provide specific information related to your campaign to any individual or entity not listed on this Certification unless such disclosure is required pursuant to the Freedom of Information Law, Article 6 of the Public Officers Law ("FOIL"), or other law.



# New York State Board of Elections

40 N Pearl Street, Suite 5, Albany, NY 12207 • Tel.: (518) 474-8200 • Fax: (518) 486-6627  
 Website: www.elections.ny.gov • E-mail: cinfo@elections.ny.gov

## 2014 CERTIFICATION FORM

### 1. CANDIDATE NAME AND HOME ADDRESS

Enter the candidate's name, address, telephone numbers, and email address.

Note: the candidate's home address is an address to which legal notices may be sent. You must promptly notify NYSBOE of any changes.

NYSBOE USE ONLY

MR.	MRS.	MS.	LAST *	FIRST *	M.I.	
STREET ADDRESS *					APARTMENT / SUITE / FLOOR	
CITY *			STATE *	ZIP CODE *	DAY TELEPHONE * ( )	
EVENING TELEPHONE ( )		FAX ( )		EMAIL ADDRESS *		

### 2. CANDIDATE EMPLOYMENT

Enter the candidate's employment information.

EMPLOYER NAME		
STREET ADDRESS		APARTMENT / SUITE / FLOOR
CITY	STATE	ZIP CODE
TELEPHONE ( )	FAX ( )	

### 3. OFFICE SOUGHT

Enter the office sought and party registration.

OFFICE
PARTY REGISTRATION (OPTIONAL)

### 4. AUTHORIZED COMMITTEE

Enter the committee name, address, New York State Board of Elections (NYSBOE) Filer ID Number, date opened with the NYSBOE, and other information for the authorized committee. NYSBOE advises against using a P.O. Box for your committee address. Candidates must authorize and use only one political committee to make expenditures, raise contributions, and receive public matching funds for the 2014 elections. It cannot have been authorized nor used for any other election, or be the authorized committee for any other candidate.

Note: the committee address is an address to which legal notices may be sent. You must promptly notify NYSBOE of any changes.

NYSBOE USE ONLY

COMMITTEE NAME *			NYS BOE FILER ID NUMBER *		
STREET ADDRESS *		APARTMENT / SUITE / FLOOR			
CITY *		STATE *	ZIP CODE *	DAY TELEPHONE * ( )	
EVENING TELEPHONE ( )		FAX ( )		EMAIL ADDRESS *	
WEBSITE ADDRESS(ES) *					

NYSBOE USE ONLY

**MAILING ADDRESS (IF DIFFERENT)**

If the authorized committee's address is different from the mailing address, enter the mailing address here. This mailing address will be used for all notices sent to the principal committee.

COMPANY OR BUILDING NAME; P.O. BOX (IF APPLICABLE)

STREET ADDRESS

APARTMENT / SUITE / FLOOR

CITY

STATE

ZIP CODE

**5. TREASURER NAME AND HOME ADDRESS**

Enter the treasurer's name, address, telephone numbers, and email address.

Note: the treasurer's home address is an address to which legal notices may be sent. You must promptly notify NYSBOE of any changes.

MR.	MRS.	MS.	LAST *	FIRST *	M.I.
-----	------	-----	--------	---------	------

STREET ADDRESS \*

APARTMENT / SUITE / FLOOR

CITY \*

STATE \*

ZIP CODE \*

DAY TELEPHONE \*

EVENING TELEPHONE  
( )FAX  
( )

EMAIL ADDRESS \*

**6. TREASURER EMPLOYMENT**

Enter the treasurer's employment information.

EMPLOYER NAME

STREET ADDRESS

APARTMENT / SUITE / FLOOR

CITY

STATE

ZIP CODE

TELEPHONE  
( )FAX  
( )

**7. SCHEDULE OF ACCOUNTS**

List all bank accounts opened by your committee and indicate the type and purpose of the account.

<b>PRIMARY BANK ACCOUNT</b>			PURPOSE OF ACCOUNT			
BANK/DEPOSITORY NAME *			<input type="checkbox"/> 2014 PRIMARY/GENERAL ELECTION			
CITY *	STATE *	ZIP CODE *				
CHECKING ACCOUNT NUMBER *						
ACCOUNT NAME						
DATE OPENED *						
DATE CLOSED	CURRENT BALANCE *\$		MONTH *	DAY *	YEAR *	
<b>SECONDARY BANK ACCOUNT</b>			TYPE OF ACCOUNT (SELECT ONE)		PURPOSE OF ACCOUNT	
BANK/DEPOSITORY NAME			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER _____		<input type="checkbox"/> 2014 ELECTIONS – SEGREGATED	
CITY	STATE	ZIP CODE				
ACCOUNT NUMBER						
ACCOUNT NAME (IF ANY)						
DATE OPENED						
DATE CLOSED	CURRENT BALANCE \$		MONTH	DAY	YEAR	

Attach additional form page(s) if the principal committee has more than one (1) additional bank account.

**DIRECT DEPOSIT OF PUBLIC FUNDS**

In order to receive public funds by direct deposit, you must list your ABA/Routing Number found on your committee check and attach a VOIDED check from your principal committee’s checking account below. Starter checks will not be accepted.

ABA/ROUTNG NUMBER *
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**8. UNIQUE MERCHANT ACCOUNTS**

If you accept credit card contributions, you must disclose the acquiring bank’s name and your committee’s own unique merchant account numbers.

ACQUIRING BANK’S NAME	COMMITTEE’S UNIQUE MERCHANT ACCOUNT NUMBER
ACQUIRING BANK’S NAME	COMMITTEE’S UNIQUE MERCHANT ACCOUNT NUMBER

**9. CAMPAIGN MANAGER (IF APPLICABLE)**

If your campaign manager will function as a liaison to NYSBOE, enter the manager’s name, address, telephone numbers, and email address.

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT / SUITE / FLOOR	
CITY		STATE	ZIP CODE	DAY TELEPHONE ( )	
EVENING TELEPHONE ( )		FAX ( )	EMAIL ADDRESS		

**10. CAMPAIGN LIAISON (IF APPLICABLE)**

If you would like a person to function as a liaison to NYSBOE in addition to the candidate, treasurer, and campaign manager or consultant (if applicable), enter the person's name, address, telephone numbers, and email address.

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT / SUITE / FLOOR	
CITY			STATE	ZIP CODE	DAY TELEPHONE ( )
EVENING TELEPHONE ( )		FAX ( )		EMAIL ADDRESS	

**11. CAMPAIGN CONSULTANT (IF APPLICABLE)**

If you have retained a consultant for the purpose of complying with the Program, enter the consultant's name, address, telephone numbers, and email address.

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT / SUITE / FLOOR	
CITY			STATE	ZIP CODE	DAY TELEPHONE ( )
EVENING TELEPHONE ( )		FAX ( )		EMAIL ADDRESS	
CONSULTANT ENTITY NAME (IF APPLICABLE)					

**12. CONTACT ORDER**

Select the order in which you would like NYSBOE to contact representatives of your campaign. We try to contact your representatives in the order selected, however if we are unable to reach the individual, we will call or email the candidate and treasurer directly. Additionally, certain written notices will be sent directly to the candidate and treasurer's home address notwithstanding the order requested.

Candidate should be contacted: *	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	
Treasurer should be contacted: *	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	
Campaign Manager should be contacted:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	<input type="checkbox"/> N/A
Liaison should be contacted:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	<input type="checkbox"/> N/A
Consultant should be contacted:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	<input type="checkbox"/> N/A

**13. OTHER AUTHORIZED COMMITTEES**

Complete this section if the candidate has committees that are active and file disclosure statements with the New York State Board of Elections (NYSBOE) or Federal Election Commission (FEC). Please indicate the name of the committee, the date of the last election in which the committee was involved, office sought, treasurer's information, date opened with the NYSBOE or FEC, and whether the committee is a joint committee.

COMMITTEE NAME		LAST ELECTION DATE & OFFICE
TREASURER'S LAST NAME		TREASURER'S FIRST NAME
DATE OPENED WITH NYS BOE OR FEC	IF JOINT COMMITTEE, LIST OTHER CANDIDATE(S)	
DAY TELEPHONE ( )	EVENING TELEPHONE ( )	
COMMITTEE NAME		LAST ELECTION DATE & OFFICE
TREASURER'S LAST NAME		TREASURER'S FIRST NAME
DATE OPENED WITH NYS BOE OR FEC	IF JOINT COMMITTEE, LIST OTHER CANDIDATE(S)	
DAY TELEPHONE ( )	EVENING TELEPHONE ( )	

Attach additional form pages if the candidate has additional authorized committees.

<b>CANDIDATE VERIFICATION</b>	
<p>The candidate must read and initial each clause and sign the Candidate Verification. <b>The candidate's signature must be notarized.</b></p>	
<p>I hereby verify that, subject to the applicable provision of Section 14-202(2) of the New York State Election Law, I have not accepted, and I agree not to accept, any contribution or contributions from any one contributor for the 2014 elections that exceed(s) the applicable contribution limit set forth in Title II of Article 14, Section 14-202 of the Election Law (Title II of the Election Law); that I have not used, and I agree not to use, my personal funds or property (or that of my spouse, domestic partner, or un-emancipated children) for these elections, except as contributions that do not exceed the limit set forth in Section 14-202 of Article 14 of the Election Law, and that I agree to abide by all other applicable requirements of Article 14 of the Election Law and NYSBOE Rules and Regulations (the "Rules"), including requirements for campaign finance disclosure statements and record keeping.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>I hereby designate the authorized committee noted in Section 4 of this document to be my authorized committee for the 2014 elections to receive contributions and make expenditures during my campaign. The authorized committee will submit the campaign finance disclosure statements required by Article 14 of the Election Law and will receive all public funds payments for which I qualify in these elections. The authorized committee (i) is the only committee authorized by me to aid or otherwise take part in the elections covered by this Certification; (ii) is not an authorized committee of any other candidate; and (iii) has not been, is not, and will not be, authorized or otherwise active for any elections other than the elections covered by this Certification.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>I understand that I am responsible for reading, understanding, and knowing the contents of Article 14, including Title II of the Election Law, and the Rules. I also understand that I, the authorized committee I authorize, my treasurer, and my agents are required to abide by the terms and conditions Article 14, including Title II of the Election Law, and the Rules, even if amended after I sign this, regardless whether I: meet the requirements of law to have my name appear on the official ballot for those elections; or meet the threshold for eligibility for public funds; or accept public funds; or am otherwise not eligible to receive public funds.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>I understand that this Certification is a condition for qualifying to receive public funds in these elections and that other conditions specified in Title II must be satisfied before I may receive public funds pursuant to Title II.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>I understand that my home address, the authorized committee address, and the treasurer's home address, and email addresses as provided above in Sections 1, 4, and 6 are the addresses to which legal notices, including correspondence and legal papers, will be sent. I further understand that if any of these addresses change, I must promptly notify NYSBOE, in writing, of the change, and in any event not later than two days therefrom.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>I understand that by providing a voided check in Section 8, I am authorizing NYSBOE to deposit any public funds payments my campaign is eligible to receive directly into the indicated checking account. I also grant authorization to NYSBOE for the full or partial reversal of any deposits to this account in the event that the deposit was made partly or entirely in error.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>I understand that failure to abide by the requirements of Article 14, including Title II or Rules may result in the imposition of such penalties as are provided in Section 14-210 and other applicable law or rules. Title II empowers NYSBOE to assess a civil penalty of up to \$10,000 for any violation, which may be assessed jointly and severally against me, the authorized committee I designate for the 2014 elections, the treasurer of that committee, and any other of my agents. I further understand that Title II allows NYSBOE to assess civil penalties exceeding \$10,000 against my authorized committee and me for the 2014 elections for failing to participate in the post-election audit process. I also acknowledge that the committee I designate for the 2014 elections and I may be jointly and severally liable for the repayment of public funds to NYSBOE.</p>	<p>_____</p> <p><i>initial here*</i></p>

<p>I understand that financial control over the campaign is ultimately my responsibility. If any campaign expenditures using public funds are illegal, improper, or not in furtherance of my nomination or election, my authorized committee and I may be required to return the amount of such expenditures to NYSBOE. In addition, if the campaign does not submit documentation for an expenditure, such expenditure may not be considered a "qualified campaign expenditure." Therefore, I understand that my campaign must follow published NYSBOE guidelines and procedures, employ trained staff, and implement standard financial controls and procedures.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>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 Title II, is a Class A misdemeanor pursuant to Section 14-210(3) of the Election Law.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>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.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>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.</p>	<p>_____</p> <p><i>initial here*</i></p>

<p>SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p>		
<p>_____</p> <p>NOTARY PUBLIC *</p>		<p>_____</p> <p>CANDIDATE SIGNATURE *</p>

<b>TREASURER VERIFICATION</b>	
The treasurer must read and initial each clause and sign the Treasurer Verification. <b>The treasurer's signature <u>must be notarized.</u></b>	
As treasurer of the authorized committee listed in Section 6 of this document, I hereby verify that I am treasurer of the only committee authorized by the candidate that will be involved in the 2014 elections of the Office of the State Comptroller.	_____ <i>initial here*</i>
I hereby verify that, subject to the applicable provisions of Section 14-202(2) of the New York State Election Law, the authorized committee has not accepted and agrees not to accept any contribution or contributions from any one contributor for the 2014 elections that exceed(s) the applicable contribution limit set forth in Article 14-202; that the committee has not made; and that I, on behalf of the committee, agree to abide by all other applicable requirements of Article 14, including Title II of the Election Law, and the Rules, including requirements for campaign finance disclosure statements and recordkeeping.	_____ <i>initial here*</i>
I understand that I am responsible for reading, understanding, and knowing the contents of Article 14, including Title II of the Election Law, and the Rules. I also understand that I, the candidate, the authorized committee authorized by the candidate, and the candidate's agents, are required to abide by the terms and conditions of Title II and the Rules applicable to the 2014 elections, even if amended after I sign this, regardless whether the candidate: meets the requirements of law to have his or her name appear on the official ballot for these elections; or meets the threshold for eligibility for public funds; or accepts public funds; or is otherwise not eligible to receive public funds.	_____ <i>initial here*</i>
I understand that the candidate's home address, the authorized committee address and my home address, and email addresses as provided above in Sections 1, 4, and 6 are the addresses to which legal notices, including correspondence and legal papers, will be sent. I further understand that if any of these addresses change, I am responsible for promptly notifying NYSBOE, in writing, of the change and in any event not later than two days therefrom.	_____ <i>initial here*</i>
I understand that by providing a voided check in Section 8, I am authorizing NYSBOE to deposit any public funds payments the campaign is eligible to receive directly into the indicated checking account. I also grant authorization to NYSBOE for the full or partial reversal of any deposits to this account in the event that the deposit was made partly or entirely in error.	_____ <i>initial here*</i>
I understand that failure to abide by the requirements of Article 14, including Title II or Rules may result in the imposition of such penalties as are provided in other applicable law or rules. Title II empowers NYSBOE to assess a civil penalty of up to \$10,000 for any violation, which may be assessed jointly and severally against me, the candidate, the authorized committee designated by the candidate for the 2014 elections, and any other agents of the candidate. I acknowledge that I am jointly and severally liable for the first \$10,000 of any civil penalty assessed against the campaign, including penalties for failing to participate in the post-election audit process and for spending limit violations.	_____ <i>initial here*</i>
I understand that NYSBOE will issue usernames and passwords to me to be used to submit disclosure statements, and that only I may complete the disclosure statement process and submit disclosure statements to NYSBOE.	_____ <i>initial here*</i>
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 Title II, is a Class A misdemeanor.	_____ <i>initial here*</i>

<p>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.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>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.</p>	<p>_____</p> <p><i>initial here*</i></p>
<p>_____</p>	

<p>SWORN TO BEFORE ME THIS</p> <p>_____ day of</p> <p>_____, 20_____</p>		
<p>_____</p> <p>NOTARY PUBLIC *</p>		<p>_____</p> <p>TREASURER SIGNATURE *</p>

<p>TOTAL NUMBER OF PAGES SUBMITTED _____</p>
<p>(INCLUDING THE CANDIDATE AND TREASURER VERIFICATIONS)</p>