

**CANDIDATE AUTHORIZATION  
FOR A COMMITTEE  
TO MAKE ALL CAMPAIGN FINANCIAL DISCLOSURES**  
NEW YORK STATE BOARD OF ELECTIONS  
Section 14-104 (1) of NYS Election Law

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

[ ] New Form                      [ ] Amended Form (Provide Filer ID#): \_\_\_\_\_

**OFFICE:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**CANDIDATE'S FULL NAME:** \_\_\_\_\_

**CANDIDATE'S ADDRESS:**

Residential (No P.O. Box) \_\_\_\_\_ Apartment # \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing (P.O. Box allowed) \_\_\_\_\_ Apartment # \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Candidate's County: \_\_\_\_\_

Social Security Number (Optional): \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

**I SWEAR OR AFFIRM THAT:**

1. I am a candidate for the office as stated above, and
2. All financial activity related to my campaign, including my own, will be disclosed by the following authorized committee, which will file on my behalf:

Name of Authorized Committee: \_\_\_\_\_

Treasurer's Full Name: \_\_\_\_\_

Treasurer's Residential Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sworn to before me, this \_\_\_\_\_ day

Of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public or Commissioner of Deeds)

\_\_\_\_\_  
Signature of Candidate

# CANDIDATE AUTHORIZATION INSTRUCTIONS

This form must contain original signatures in ink and be notarized or subscribed to.

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

CANDIDATES FOR PUBLIC OFFICE OR PARTY POSITION MAY BE REQUIRED TO FILE THIS FORM.

## FILE THIS FORM IF:

- You are a candidate **with an 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 (candidate's own funds).

## DO NOT FILE THIS FORM IF:

- You are a candidate **without an authorized committee**: Candidates that do not have an authorized committee are required to disclose all the financial activity of the campaign, including the financial activity of the candidate, by filing disclosure reports on the required filing dates. For NYSBOE filers, see Additional Information below.
- You are a candidate **with an authorized committee** and you have additional financial activity that will not be reported by your committee: Candidates with an authorized committee that have, or plan on having, any financial activity that will not be disclosed by the committee, including the financial activity of the candidate, are required to disclose this other financial activity by filing financial disclosure reports on the required filing dates. These candidate reports would be in addition to the committee's reports. For NYSBOE filers, see Additional Information below.

## WHEN COMPLETING THIS FORM, THE CANDIDATE MUST:

- Provide the office sought, district # (if applicable), candidate's full name, residential address (no P.O. Boxes), county, and telephone number(s). A residential address is mandatory; include building and apartment number.
- Provide an original signature (copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable).
- Have this form notarized, or subscribed to by a commissioner of deeds.
- File this form at least 32 days prior to the first election to which it relates.
- Provide additional sheets if this form does not provide enough spaces for the candidate information.
- File an amended *Candidate Authorization for a Committee to Make All Campaign Financial Disclosures* any time information on the original form changes, other than an election year.

Note: The optional mailing address may include a P.O. Box, E-mail address, Social Security number, cell and business telephone numbers are optional.

## WHERE TO FILE THIS FORM:

- Candidates for statewide office, Governor, Lt. Governor, State Attorney General, State Comptroller, NYS Senate/Assembly, Supreme Court Justice, and certain party offices: File this form with the New York State Board of Elections (NYSBOE).
- Local candidates (all other offices/party positions): File this form with the applicable city or county board of elections. In addition, file an original of this form with NYSBOE if your authorized committee plans to raise or spend more than \$1,000 in a calendar year.
- Village candidates: File this form with the village clerk unless the county board is running the village election. If so, file with the county board of elections, and also file an original of this form with NYSBOE if your authorized committee plans to raise or spend more than \$1,000 in a calendar year.

## ADDITIONAL INFORMATION:

- If the committee named by the candidate on this form does not register, thereby indicating that the treasurer has accepted the responsibility for filing the campaign financial disclosure reports on behalf of the candidate, then the responsibility to submit disclosure reports remains with the candidate.
- The committee identified on this form must file the *Committee Authorization Campaign Finance Form* in order to complete the authorization process.
- Candidates required to file with NYSBOE who are not required to file this form (see above) must submit the *Candidate Registration and/or to Request NYSBOE Filer ID# and PIN Campaign Finance Form*.