

TYPE 9B

BALLOT ISSUE COMMITTEE  
CAMPAIGN FINANCE REGISTRATION FORM  
NEW YORK STATE BOARD OF ELECTIONS  
Section 14-118 of NYS Election Law  
THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

[ ] New Registration [ ] Amended Registration (Provide Filer ID#): \_\_\_\_\_  
[ ] State Campaign [ ] Local Campaign (Provide County): \_\_\_\_\_

**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: \_\_\_\_\_

**C. DEPOSITORY/BANK:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**D. BALLOT ISSUE(S)** (Attach additional sheets if necessary): SUPPORT/OPPOSE  
1. \_\_\_\_\_  
2. \_\_\_\_\_

**E. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS:**  
Full Name: \_\_\_\_\_  
Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Treasurer* \_\_\_\_\_  
*Date*

# BALLOT ISSUE COMMITTEE REGISTRATION INSTRUCTIONS

## A BALLOT ISSUE 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.
- File this form at each appropriate board of elections where ballot proposition(s) being supported or opposed by your committee are required to file their campaign financial disclosure reports.

**New Registration:** If registering a new committee, check this box. A Filer ID# may be assigned to the committee by the board of elections where you are filing this form, and should be used on all documents and correspondence to the appropriate board(s).

**Amended Registration:** For an existing committee 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 Filer ID# that was assigned by the board of elections where this form was originally filed. State and county boards of elections Filer ID#s may be different.

**For State Campaign:** For committees supporting or opposing statewide ballot propositions, check this box. These committees must file this form and the required financial disclosure reports with the New York State Board of Elections (NYSBOE).

**For Local Campaign:** For all local ballot propositions, check this box and list the county name where the local ballot proposition is appearing. Committees supporting or opposing such ballot propositions must file with the appropriate local board of elections or village clerk where the village clerk runs the election. Any committee that files with a local board of elections and that raises or spends or expects to raise or spend more than \$1,000 in a calendar year must also file an original of this form and the required financial disclosure reports with NYSBOE.

**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 in the space provided.

**Item B:** Enter the full 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:** Enter the ballot issues to be supported/opposed.

**Item E:** If there are persons other than the treasurer who will be authorized to sign checks, enter their name(s) and other required information here.