

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

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 the New York State Board of Elections (NYSBOE), to obtain a Filer ID# and PIN, in one of two circumstances:

- (1) The candidate does not have a registered authorized committee. The candidate is therefore required to personally disclose all of 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 *Candidate Authorization for a Committee to Make All Campaign Financial Disclosures* 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#): \_\_\_\_\_

State Campaign

Local Campaign (Provide County): \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

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

**C. DEPOSITORY/BANK:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
*Date*

# CANDIDATE REGISTRATION INSTRUCTIONS

This form must contain original signatures in ink and be completed in full.  
Copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable.

## FILE THIS FORM IF:

1. 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, or
2. 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:

Both state-level and local-level candidates, whose elections are run by boards of elections, must submit this form to the New York State Board of Elections (NYSBOE) to receive a Filer ID# and PIN to file electronically.

## 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 Authorization for a Committee to Make All Campaign Financial Disclosures form*.

**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 future 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, State Supreme Court and certain party offices, check this box.

**For Local Campaign:** For all other offices/party positions, 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, city or town, state and zip code. Email address is also mandatory. Please note: the email address will be used as a log-in for the filing system and by the NYSBOE to communicate with its filers. The email address should be one that the candidate accesses regularly and must be updated with the NYSBOE immediately if a change is made. Multi-factor authentication will be used.

**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.

Once completed, this form - with original signature(s) in ink - must be mailed to:

**NYS Board of Elections  
Attn: Compliance Unit  
40 North Pearl Street, Suite 5  
Albany, NY 12207**