

COMMITTEE AUTHORIZATION STATUS

NEW YORK STATE BOARD OF ELECTIONS
Section 14-112 of NYS Election Law

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

Please check one: New Form Amended Form (provide Filer ID#): _____

NAME OF COMMITTEE: _____

For Acronyms (see instructions): _____

A. List in this section those candidates who **have authorized** your committee to aid or take part in their election or nomination (other than by making contributions). Provide name, office and district. (Attach additional sheets if necessary.)

1. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

Candidate's Address: _____

2. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

Candidate's Address: _____

3. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

Candidate's Address: _____

B. List those candidates for whom your committee is aiding or taking part in their election or nomination (other than by making contributions) but who **have not authorized** your committee to do so. (Attach additional sheets if necessary.)

1. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

2. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

3. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

VERIFICATION STATEMENT BY TREASURER

I _____, being duly sworn, depose and say that the information provided on this form is complete, true and correct.
(Print Full Name of Treasurer)

Sworn to before me this _____ day

Signature of Committee Treasurer

of _____, 20 ____

Residential Address

(Notary Public or Commissioner of Deeds)

Contact Phone Number