

**COMMITTEE REGISTRATION  
TREASURER AND BANK INFORMATION**

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#: \_\_\_\_\_)

For State Campaign                       For Local Campaign (provide County): \_\_\_\_\_

\* For sections being amended, also check applicable box(es) on the left and complete the form in full.

**A. COMMITTEE NAME:** \_\_\_\_\_

For Acronyms (see instructions): \_\_\_\_\_

**B. COMMITTEE TYPE** (see instructions): \_\_\_\_\_

**C. TREASURER:**

Full Name \_\_\_\_\_

Residential Address (no P.O. Box) \_\_\_\_\_

Mailing Address (P.O. Box allowed) \_\_\_\_\_

Social Security Number \_\_\_ / \_\_\_ / \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

**D. DEPOSITORY/BANK:**

Name \_\_\_\_\_

Address \_\_\_\_\_

**E. CANDIDATE(S) TO BE SUPPORTED OR OPPOSED** (Attach additional sheets if necessary):

ELECTION YEAR	OFFICE/DISTRICT	CANDIDATE FULL NAME	SUPPORT/OPPOSE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**F. BALLOT ISSUE(S)** (Attach additional sheets if necessary): **SUPPORT/OPPOSE**

1. \_\_\_\_\_

2. \_\_\_\_\_

**G. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS:**

Full Name    1. \_\_\_\_\_                      2. \_\_\_\_\_

Res. Address    \_\_\_\_\_

Phone Number    \_\_\_\_\_

Signature    \_\_\_\_\_

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

\_\_\_\_\_

Signature of Treasurer

\_\_\_\_\_

Date