CF-02

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

[] 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	[] New Registration	[] Amended Registra	ation* (provide Filer ID#):		
[] 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): 1. 2. Support/OPPOSE 2. Support/OPPOSE 3. Support/OPPOSE 1. 2. Support/OPPOSE 1. 2. Support/OPPOSE 1. 3. Support/OPPOSE 2. Support/OPPOSE 3. Support/OPPOSE 4. Support/OPPOSE 5. Support/OPPOSE 1. Support/OPPOSE 1. Support/OPPOSE 1. Support/OPPOSE 2. Support/OPPOSE 3. Support/OPPOSE 4. Support/OPPOSE 5. Support/OPPOSE 6. Support/OPPOSE 6. Support/OPPOSE 7. Support/OPPOSE 8. Support/OPPOSE 9. Support/OPPOSE 1. Support/OPPOSE 2. Support/OPPOSE 3. Support/OPPOSE 4. Support/OPPOSE 5. Support/OPPOSE 6. Support/OPPOSE 6. Support/OPPOSE 6. Support/OPPOSE 6. Support/OPPOSE 6. Support/	[] For State Campaign	[] For Local Campai	gn (provide County):		
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	* For sections being amende	ed, also check applicable box	x(es) on the left and complete the	e form in full.	
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	[] A. COMMITTEE NAME	: :			
[] C. TREASURER: Full Name Residential Address (no P.O. Box) Mailing Address (P.O. Box allowed) Social Security Number/ E-mail Address	For Acronyms (s				
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Residential Address (no P.O. Box) Mailing Address (P.O. Box allowed) Social Security Number// E-mail Address	[] C. TREASURER:				
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	Full Name				
Social Security Number / E-mail Address Cell	Residential Addr	ress (no P.O. Box)			
Telephone: Home	Mailing Address	(P.O. Box allowed)			
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.	Social Security N	Number//	E-mail Address		
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	Telephone: Hom	ne	Business	Cell	
Address [] E. CANDIDATE(S) TO BE SUPPORTED OR OPPOSED (Attach additional sheets if necessary): ELECTION YEAR OFFICE/DISTRICT CANDIDATE FULL NAME SUPPORT/OPPOSE 1	[] D. DEPOSITORY/BANK	⟨ :			
ELECTION YEAR OFFICE/DISTRICT CANDIDATE FULL NAME SUPPORT/OPPOSE 1	Name				
ELECTION YEAR OFFICE/DISTRICT CANDIDATE FULL NAME SUPPORT/OPPOSE 1	Address				
1	[] E. CANDIDATE(S) TO	BE SUPPORTED OR OP	POSED (Attach additional sh	neets if necessary):	
2	ELECTION YEA	AR OFFICE/DISTRICT	CANDIDATE FUL	L NAME	SUPPORT/OPPOSE
3	1				
SUPPORT/OPPOSE 1	2.	_			
1	3.				
2	[] F. BALLOT ISSUE(S) (Attach additional sheets if	f necessary):		SUPPORT/OPPOSE
[] G. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS: Full Name 1					
Full Name 1	2				
Phone Number Signature The above information is true to the best of my knowledge and belief	[] G. PERSON(S) OTHER	THAN TREASURER AU	THORIZED TO SIGN CHEC	KS:	
Phone Number Signature The above information is true to the best of my knowledge and belief	Full Name 1.		2.		
Signature The above information is true to the best of my knowledge and belief	Res. Address				
Signature The above information is true to the best of my knowledge and belief	Dhana Niveshau				
The above information is true to the best of my knowledge and belief					
	olghature		· · · · · · · · · · · · · · · · · · ·		
Signature of Treasurer Date		The above information	is true to the best of my know	<u>rledge and belief</u>	
		Signature of Treasurer			Date