

CF-04 CANDIDATE CAMPAIGN FINANCE REGISTRATION FORM

To Request NYSBOE Filer ID# and PIN

NEW YORK STATE BOARD OF ELECTIONS

Section 14-104 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 NYSBOE to obtain a Filer ID# and PIN in one of two circumstances:

- (1) The candidate does not have a registered authorized committee that will be disclosing all of the financial activity of the candidate's campaign, including the financial activity of the candidate.
- (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 CF-16 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 an authorized committee. I am therefore required to personally disclose all the financial activity of my campaign, including any use of my own funds.
- I have an 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#): _____

For State Campaign For Local Campaign (provide County): _____

* For amendments, check the box(es) below to indicate the section(s) being amended.

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)

Mailing Address (P.O. Box allowed) _____

Social Security Number ____ / ____ / ____ E-mail Address _____

Telephone: Home _____ Business _____ Cell _____

C. DEPOSITORY/BANK:

Name _____

Address _____

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

Signature of Candidate

Date