

CF-05 CANDIDATE OR COMMITTEE CLAIM OF EXEMPTION
From Filing Campaign Financial Disclosure Reports

NEW YORK STATE BOARD OF ELECTIONS
Section 14-124 of NYS Election Law

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

Please check the applicable boxes below and complete this form in full:

- For State Campaign -or- For Local Campaign (provide County): _____
 Candidate -or- Committee

A. OFFICE: _____
(For a local campaign also include name and type of municipality e.g., city of..., town of..., or village of...)

DISTRICT: _____ **ELECTION YEAR:** _____

B. CANDIDATE OR COMMITTEE NAME: _____

Committee Treasurer Name (if applicable) _____

Residential Address (no P.O. Box) _____

Mailing Address (P.O. Box allowed) _____

Telephone: Home _____ Business _____ Cell _____

E-mail Address _____

Please check the applicable box that relates to your claim of exemption:

- C.** I am a candidate and I have not/will not receive or spend more than \$50 for my campaign, including my own personal funds.
- D.** I am the treasurer of a committee formed solely to support or oppose a ballot proposition and the committee has not/will not raise or spend over \$100 relative to the ballot proposition.
- E.** For those in a town, city or village having a population under 10,000: 1) I am a candidate for public office, or treasurer of an authorized committee solely supporting one candidate for public office, or treasurer of a committee solely supporting or opposing a ballot proposition; and 2) the receipts or expenditures of the candidate or committee will not exceed \$1,000 in the aggregate for the campaign.

If after submission of this form the basis for a claim of exemption becomes invalid due to a change in circumstances (e.g., exceeding monetary threshold or scope of candidate/committee activity), the candidate/committee must then file all applicable election reports. See instructions.

Knowingly including false information in this form constitutes a Class A Misdemeanor, punishable by a fine and/or imprisonment. See Penal Law §210.45.

I swear or affirm that the information contained herein is in all respects true and complete to the best of my knowledge, information and belief.

Sworn to before me this _____ day

of _____, 20 _____

(Notary Public or Commissioner of Deeds)

Signature of Candidate/ Committee Treasurer

Residential Address

Contact Phone Number