

CF-16

CANDIDATE'S AUTHORIZATION FOR A COMMITTEE TO MAKE ALL CAMPAIGN FINANCIAL DISCLOSURES

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

New Form

Amended Form

OFFICE: _____ DISTRICT: _____

CANDIDATE'S FULL NAME: _____

CANDIDATE'S ADDRESS:

Residential (no P.O. Box) _____

Mailing (P.O. Box allowed) _____

CANDIDATE'S COUNTY: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____ E-MAIL ADDRESS: _____

TELEPHONE:

Home _____ Business _____ Cell _____

I SWEAR OR AFFIRM THAT:

- 1) I am a candidate for the office as stated above, and
- 2) All financial activity related to my campaign, including my own, will be disclosed by an authorized committee, which will file on my behalf.

NAME OF AUTHORIZED COMMITTEE: _____

TREASURER'S NAME: _____

TREASURER'S RESIDENTIAL ADDRESS: _____

Sworn to before me, this _____ day
of _____, 20_____

(Notary Public or Commissioner of Deeds)

(Signature of Candidate)