



# New York City Campaign Finance Board

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## CHANGE OF CONTACT INFORMATION

CANDIDATE NAME: LAST	FIRST	M.I.	<b>CFB USE ONLY</b>
COMMITTEE NAME		ELECTION CYCLE <input type="checkbox"/> 2017 <input type="checkbox"/> OTHER _____	CANDIDATE I.D. _____ COMMITTEE I.D. _____

### 1. CANDIDATE NAME AND HOME ADDRESS

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT/SUITE/FLOOR	
CITY			STATE	ZIP CODE	
DAY TELEPHONE ( )		EVENING TELEPHONE ( )		EMAIL ADDRESS	

### 2. PRINCIPAL/PRIMARY COMMITTEE

COMMITTEE NAME		NYS BOE FILER ID
STREET ADDRESS		APARTMENT/SUITE/FLOOR
CITY		STATE
DAY TELEPHONE ( )		EVENING TELEPHONE ( )
EMAIL ADDRESS		WEBSITE ADDRESS(ES)

#### MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS		APARTMENT/SUITE/FLOOR
CITY		STATE
		ZIP CODE

#### COMMITTEE SOCIAL MEDIA

FACEBOOK	TWITTER
LINKEDIN	OTHER

### 3. TREASURER NAME AND HOME ADDRESS

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT/SUITE/FLOOR	
CITY			STATE	ZIP CODE	
DAY TELEPHONE ( )		EVENING TELEPHONE ( )		EMAIL ADDRESS	

### 4. CAMPAIGN STAFF OTHER THAN TREASURER

CHECK ONE:  
 Campaign Manager   
 Campaign Liaison   
 Campaign Consultant   
 Individual with Significant Managerial Control

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT/SUITE/FLOOR	
CITY			STATE	ZIP CODE	
DAY TELEPHONE ( )		EVENING TELEPHONE ( )		EMAIL ADDRESS	

ATTACH ADDITIONAL PAGES IF NEEDED.

I authorize the Campaign Finance Board to update my records to reflect the changes above.

\_\_\_\_\_  
CANDIDATE'S OR TREASURER'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED