

# FILER REGISTRATION



To protect your privacy, the CFB will not provide specific information related to your campaign to any individual or entity not listed on this Filer Registration unless such disclosure is required pursuant to the Freedom of Information Law, Article 6 of the Public Officers Law (“FOIL”) or other law.



## New York City Campaign Finance Board

100 Church Street, 12th Floor, New York, NY 10007 • 212.409.1800  
www.nycffb.info • CSUmail@nycffb.info

### FILER REGISTRATION

THIS FILER REGISTRATION MUST BE FILED BEFORE THE CANDIDATE SUBMITS ANY DISCLOSURE STATEMENTS WITH THE CAMPAIGN FINANCE BOARD (“CFB”).

Please note that the filing of this form or CFB disclosure statements is NOT a statement of intent to become a candidate for any office or to join the New York City Campaign Finance Program.

#### **IMPORTANT INFORMATION—PLEASE READ**

Complete the entire Filer Registration. All mandatory fields have been marked with an “\*”. All pages must be submitted by mail or hand-delivery with original signatures of the candidate and treasurer. Incomplete or illegible forms will not be accepted. Any changes to the information provided require an amendment to the Filer Registration.

Communications, both written and oral, will be directed to the candidate’s, treasurer’s, and/or principal committee’s address, telephone number, and/or email address.

**You must notify the CFB of any changes to the information.**

C-Access is the CFB’s interactive website for campaigns, providing secure online access to C-SMART (Candidate Software for Managing and Reporting Transactions), campaign information, and compliance notices. Campaign-specific usernames, passwords, and C-SMART encryption key will be issued to both the candidate and treasurer upon acceptance of the Filer Registration.

C-SMART is the CFB’s proprietary web-based software that campaigns are required to use to enter all financial transactions and electronically submit disclosure statements to the CFB and the New York State Board of Elections (NYS BOE). **It is mandatory that email addresses be provided for both the candidate and treasurer as part of your registration with the CFB.**

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**Reminder:** Public servants are prohibited from using government resources for their campaigns. Do not list any government phone, email, or address as campaign contact information on this form. Government information may only be included under the employment information of the candidate, treasurer, or campaign liaison(s) (if applicable).



# New York City Campaign Finance Board

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## FILER REGISTRATION

### 1. ELECTION CYCLE (MUST CHECK ONLY ONE)

2021 PRIMARY/GENERAL ELECTION CYCLE     
  SPECIAL ELECTION: \_\_\_\_\_     
  OFF-YEAR: \_\_\_\_\_

### 2. CANDIDATE NAME AND HOME ADDRESS

Enter the candidate's name, address, telephone numbers, and email address.  
 Note: the candidate's home address is an address to which legal notices may be sent. You must promptly notify the CFB of any changes.

**CFB USE ONLY**

CANDIDATE I.D. \_\_\_\_\_

COMMITTEE I.D. \_\_\_\_\_

|                            |     |                               |                       |      |
|----------------------------|-----|-------------------------------|-----------------------|------|
| MR.                        | MS. | LAST*                         | FIRST*                | M.I. |
| STREET ADDRESS*            |     |                               | APARTMENT/SUITE/FLOOR |      |
| CITY*                      |     | STATE*                        | ZIP CODE*             |      |
| DAY TELEPHONE*<br>(      ) |     | EVENING TELEPHONE<br>(      ) |                       |      |
| EMAIL ADDRESS*             |     |                               |                       |      |

### 3. CANDIDATE EMPLOYMENT

Enter the candidate's employment information.

|                       |  |       |                       |  |
|-----------------------|--|-------|-----------------------|--|
| EMPLOYER NAME*        |  |       |                       |  |
| STREET ADDRESS        |  |       | APARTMENT/SUITE/FLOOR |  |
| CITY                  |  | STATE | ZIP CODE              |  |
| TELEPHONE<br>(      ) |  |       |                       |  |

### 4. OFFICE SOUGHT

Enter the office sought, borough or Council district #, and party registration. If the office sought is Borough President or City Council, you must enter the borough or council district number.

|                               |                               |
|-------------------------------|-------------------------------|
| OFFICE                        | BOROUGH OR COUNCIL DISTRICT # |
| PARTY REGISTRATION (OPTIONAL) |                               |

CFB USE ONLY

**5. PRINCIPAL/PRIMARY COMMITTEE**

Enter the committee name, address, New York State Board of Elections (NYS BOE) Filer ID Number, date registered with the NYS BOE, and other information of the committee. Candidates who anticipate participating in the Program must authorize and use only ONE political committee to raise and spend funds for the election covered by this Filer Registration form. This is considered your "principal" committee. Candidates who do not anticipate participating in the Program may authorize and use multiple political committees to raise and spend funds for the covered elections but still must identify a "primary" committee below. Enter the requested information for additional election cycle committees in section 17 (non-participants only).

|                            |                               |                            |
|----------------------------|-------------------------------|----------------------------|
| COMMITTEE NAME*            |                               | NYS BOE FILER ID*          |
| STREET ADDRESS*            | APARTMENT/SUITE/FLOOR         | NYS BOE REGISTRATION DATE* |
| CITY*                      | STATE*                        | ZIP CODE*                  |
| DAY TELEPHONE*<br>(      ) | EVENING TELEPHONE<br>(      ) |                            |
| EMAIL ADDRESS*             | WEBSITE ADDRESS(ES)*          |                            |

**MAILING ADDRESS (IF DIFFERENT)**

If the principal/primary committee's address is different from the mailing address, enter the mailing address here. This mailing address will be used for all notices sent to the committee.

IF APPLICABLE, COMPANY OR BUILDING NAME; P.O. BOX:

|                |       |                       |
|----------------|-------|-----------------------|
| STREET ADDRESS |       | APARTMENT/SUITE/FLOOR |
| CITY           | STATE | ZIP CODE              |

**COMMITTEE SOCIAL MEDIA**

|          |         |
|----------|---------|
| FACEBOOK | TWITTER |
| LINKEDIN | OTHER   |

**6. PREVIOUS ELECTIONS**

Enter the previous election(s), if any, in which the candidate sought nomination for election, or election, to public office or a party position.

Have you previously been a candidate for any elective office or political party position?\*  YES  NO  
If yes, please specify your most recent candidacies below:

| DATE OF ELECTION (MONTH/YEAR) | OFFICE OR PARTY POSITION SOUGHT | DISTRICT | PARTY PRIMARY ENTERED |
|-------------------------------|---------------------------------|----------|-----------------------|
|                               |                                 |          |                       |
|                               |                                 |          |                       |
|                               |                                 |          |                       |

**7. TREASURER NAME AND HOME ADDRESS**

Enter the treasurer's name, address, telephone numbers, and email address.

Note: the treasurer's home address is an address to which legal notices may be sent. You must promptly notify the CFB of any changes.

|                            |     |                               |                       |      |
|----------------------------|-----|-------------------------------|-----------------------|------|
| MR.                        | MS. | LAST*                         | FIRST*                | M.I. |
| STREET ADDRESS*            |     |                               | APARTMENT/SUITE/FLOOR |      |
| CITY*                      |     | STATE*                        | ZIP CODE*             |      |
| DAY TELEPHONE*<br>(      ) |     | EVENING TELEPHONE<br>(      ) |                       |      |
| EMAIL ADDRESS*             |     |                               |                       |      |

**8. TREASURER EMPLOYMENT**

Enter the treasurer's employment information.

|                       |  |       |                       |  |
|-----------------------|--|-------|-----------------------|--|
| EMPLOYER NAME*        |  |       |                       |  |
| STREET ADDRESS        |  |       | APARTMENT/SUITE/FLOOR |  |
| CITY                  |  | STATE | ZIP CODE              |  |
| TELEPHONE<br>(      ) |  |       |                       |  |

**9. SCHEDULE OF ACCOUNTS**

List all bank accounts opened by your committee and indicate the type and purpose of the account.

**PRIMARY BANK ACCOUNT**

|                       |        |                       |           |  |   |
|-----------------------|--------|-----------------------|-----------|--|---|
| BANK/DEPOSITORY NAME* |        |                       |           |  |   |
| CITY*                 |        | STATE*                | ZIP CODE* |  |   |
| ACCOUNT NUMBER*       |        | ACCOUNT NAME (IF ANY) |           |  |   |
| DATE OPENED*          | MONTH* | DAY*                  | YEAR*     | TYPE OF ACCOUNT (SELECT ONE)*<br><input checked="" type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS<br><input type="checkbox"/> MONEY MARKET<br><input type="checkbox"/> OTHER (SPECIFY) _____ | PURPOSE OF ACCOUNT (SELECT ONE)*<br><input checked="" type="checkbox"/> PRIMARY/GENERAL OR SPECIAL ELECTION<br><input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS<br><input type="checkbox"/> OTHER (SPECIFY) _____ |
| DATE CLOSED (IF ANY)  | MONTH  | DAY                   | YEAR      |  |   |
| CURRENT BALANCE \$*   | MONTH* | DAY*                  | YEAR*     |  |   |
| \$ .                  |        |                       |           |  |   |

**SECONDARY BANK ACCOUNT (IF APPLICABLE)**

|                       |        |                       |           |   |  |
|-----------------------|--------|-----------------------|-----------|---|--|
| BANK/DEPOSITORY NAME* |        |                       |           |   |  |
| CITY*                 |        | STATE*                | ZIP CODE* |   |  |
| ACCOUNT NUMBER*       |        | ACCOUNT NAME (IF ANY) |           |   |  |
| DATE OPENED*          | MONTH* | DAY*                  | YEAR*     | TYPE OF ACCOUNT (SELECT ONE)*<br><input type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS<br><input type="checkbox"/> MONEY MARKET<br><input type="checkbox"/> OTHER (SPECIFY) _____ | PURPOSE OF ACCOUNT (SELECT ONE)*<br><input type="checkbox"/> PRIMARY/GENERAL OR SPECIAL ELECTION<br><input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS<br><input type="checkbox"/> OTHER (SPECIFY) _____ |
| DATE CLOSED (IF ANY)  | MONTH  | DAY                   | YEAR      |   |  |
| CURRENT BALANCE \$*   | MONTH* | DAY*                  | YEAR*     |   |  |
| \$ .                  |        |                       |           |   |  |

Attach additional form page(s) if the principal/primary committee has more than two bank accounts.

**10. ONLINE CREDIT CARD CONTRIBUTIONS**

NYC Votes Contribute is the CFB's online credit card platform. By registering with the CFB, you will automatically have access to this feature, and you do not have to enter it below.

If you plan on accepting credit card contributions outside of NYC Votes Contribute, you must provide your acquiring bank's name(s) and your committee's merchant account number(s).

|                       |                                     |
|-----------------------|-------------------------------------|
| ACQUIRING BANK'S NAME | COMMITTEE'S MERCHANT ACCOUNT NUMBER |
|-----------------------|-------------------------------------|

|                       |                                     |
|-----------------------|-------------------------------------|
| ACQUIRING BANK'S NAME | COMMITTEE'S MERCHANT ACCOUNT NUMBER |
|-----------------------|-------------------------------------|

**11. CAMPAIGN MANAGER (IF APPLICABLE)**

If your campaign manager will function as a liaison to the CFB, enter the manager's name, address, telephone numbers, and email address.

|     |     |      |       |      |
|-----|-----|------|-------|------|
| MR. | MS. | LAST | FIRST | M.I. |
|-----|-----|------|-------|------|

|                |                       |
|----------------|-----------------------|
| STREET ADDRESS | APARTMENT/SUITE/FLOOR |
|----------------|-----------------------|

|      |       |          |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

|                      |                          |
|----------------------|--------------------------|
| DAY TELEPHONE<br>( ) | EVENING TELEPHONE<br>( ) |
|----------------------|--------------------------|

|               |
|---------------|
| EMAIL ADDRESS |
|---------------|

**12. CAMPAIGN LIAISON (IF APPLICABLE)**

If you would like a person to function as a liaison to the CFB in addition to the candidate, treasurer, and campaign manager or consultant (if applicable), enter the person's name, address, telephone numbers, and email address.

|     |     |      |       |      |
|-----|-----|------|-------|------|
| MR. | MS. | LAST | FIRST | M.I. |
|-----|-----|------|-------|------|

|                |                       |
|----------------|-----------------------|
| STREET ADDRESS | APARTMENT/SUITE/FLOOR |
|----------------|-----------------------|

|      |       |          |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

|                      |                          |
|----------------------|--------------------------|
| DAY TELEPHONE<br>( ) | EVENING TELEPHONE<br>( ) |
|----------------------|--------------------------|

|               |
|---------------|
| EMAIL ADDRESS |
|---------------|

**13. CAMPAIGN CONSULTANT (IF APPLICABLE)**

If you have retained a consultant, enter the consultant's name, address, telephone numbers, and email address.

|     |     |      |       |      |
|-----|-----|------|-------|------|
| MR. | MS. | LAST | FIRST | M.I. |
|-----|-----|------|-------|------|

|                |                       |
|----------------|-----------------------|
| STREET ADDRESS | APARTMENT/SUITE/FLOOR |
|----------------|-----------------------|

|      |       |          |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

|                      |                          |
|----------------------|--------------------------|
| DAY TELEPHONE<br>( ) | EVENING TELEPHONE<br>( ) |
|----------------------|--------------------------|

|               |
|---------------|
| EMAIL ADDRESS |
|---------------|

|  |
|--|
| CONSULTANT ENTITY NAME (IF APPLICABLE) |
|--|

**14. ADDITIONAL INDIVIDUAL WITH SIGNIFICANT MANAGERIAL CONTROL (OPTIONAL)**

The Board's Rules require that participating candidates, their treasurers, campaign managers, or "persons with significant managerial control over a campaign" attend a training provided by the CFB concerning compliance with the requirements of the Program and use of its software.

If someone other than the candidate, treasurer, or campaign manager has "significant managerial control" over the campaign, list that person's name and contact information. Note: the individual listed below cannot be the campaign consultant previously listed in section 13 of this form.

|                      |     |                          |                       |      |
|----------------------|-----|--------------------------|-----------------------|------|
| MR.                  | MS. | LAST                     | FIRST                 | M.I. |
| STREET ADDRESS       |     |                          | APARTMENT/SUITE/FLOOR |      |
| CITY                 |     | STATE                    | ZIP CODE              |      |
| DAY TELEPHONE<br>( ) |     | EVENING TELEPHONE<br>( ) |                       |      |
| EMAIL ADDRESS        |     |                          |                       |      |

**15. CONTACT ORDER**

Select the order in which you would like the CFB to contact representatives of your campaign. Please choose only one representative per selection. We will try to contact representatives in the order selected. However, if we are unable to reach the individual, we will call or email the candidate and treasurer directly. Additionally, certain written notices will be sent directly to the candidate and treasurer's home address notwithstanding the order requested.

Candidate should be contacted:\*       First    Second    Third    Fourth    Fifth

Treasurer should be contacted:\*       First    Second    Third    Fourth    Fifth

Campaign Manager should be contacted:  First    Second    Third    Fourth    Fifth    N/A

Liaison should be contacted:             First    Second    Third    Fourth    Fifth    N/A

Consultant should be contacted:         First    Second    Third    Fourth    Fifth    N/A

**16. ADDITIONAL AUTHORIZED COMMITTEES (ALL CANDIDATES)**

Complete this section for additional committees (including any political action committees) authorized by the candidate (other than committees authorized for the elections covered by this Filer Registration form) required to file New York State Board of Elections or Federal Election Commission disclosure statements which have not been terminated. Indicate the date of the last election in which the committee was involved, if any, the office sought, and whether the committee is a joint committee.

|   |     |                                  |                             |      |
|---|-----|----------------------------------|-----------------------------|------|
| COMMITTEE NAME                            |     |                                  | LAST ELECTION DATE & OFFICE |      |
| MR.                                       | MS. | TREASURER NAME: LAST             | FIRST                       | M.I. |
| DAY TELEPHONE<br>( )                      |     | EVENING TELEPHONE<br>( )         |                             |      |
| NYS BOE FILER I.D. OR FEC COMMITTEE I.D.  |     | NYS BOE OR FEC REGISTRATION DATE |                             |      |
| IF JOINT COMMITTEE, LIST OTHER CANDIDATES |     |                                  |                             |      |
| COMMITTEE NAME                            |     |                                  | LAST ELECTION DATE & OFFICE |      |
| MR.                                       | MS. | TREASURER NAME: LAST             | FIRST                       | M.I. |
| DAY TELEPHONE<br>( )                      |     | EVENING TELEPHONE<br>( )         |                             |      |
| NYS BOE FILER I.D. OR FEC COMMITTEE I.D.  |     | NYS BOE OR FEC REGISTRATION DATE |                             |      |
| IF JOINT COMMITTEE, LIST OTHER CANDIDATES |     |                                  |                             |      |

**17. ADDITIONAL ELECTION CYCLE COMMITTEES (NON-PARTICIPANTS ONLY)**

Candidates who do not anticipate joining the Program may authorize and use multiple political committees for the covered election(s), including joint committees with other candidates. If you do not anticipate joining the Program and have multiple committees active for the covered election(s), enter the names of all other committees authorized for the covered election(s), and the name, address information, and telephone number of the treasurer for each of these committees. Remember that the home address of each treasurer is an address to which legal notices may be sent and you must promptly notify the CFB of any changes. The CFB recommends against having more than one authorized committee for the covered election(s).

|   |     |                      |                                  |                             |  |
|---|-----|----------------------|----------------------------------|-----------------------------|--|
| COMMITTEE NAME                            |     |                      |                                  | LAST ELECTION DATE & OFFICE |  |
| MR.                                       | MS. | TREASURER NAME: LAST | FIRST                            | M.I.                        |  |
| DAY TELEPHONE<br>( )                      |     |                      | EVENING TELEPHONE<br>( )         |                             |  |
| NYS BOE FILER I.D. OR FEC COMMITTEE I.D.  |     |                      | NYS BOE OR FEC REGISTRATION DATE |                             |  |
| IF JOINT COMMITTEE, LIST OTHER CANDIDATES |     |                      |                                  |                             |  |
| COMMITTEE NAME                            |     |                      |                                  | LAST ELECTION DATE & OFFICE |  |
| MR.                                       | MS. | TREASURER NAME: LAST | FIRST                            | M.I.                        |  |
| DAY TELEPHONE<br>( )                      |     |                      | EVENING TELEPHONE<br>( )         |                             |  |
| NYS BOE FILER I.D. OR FEC COMMITTEE I.D.  |     |                      | NYS BOE OR FEC REGISTRATION DATE |                             |  |
| IF JOINT COMMITTEE, LIST OTHER CANDIDATES |     |                      |                                  |                             |  |



18. CANDIDATE VERIFICATION

INDICATE YOUR AGREEMENT TO EACH PARAGRAPH BY INITIALING THE LINE TO THE RIGHT.  
(Forms missing initials for any item will not be accepted.)

I hereby verify that I have not accepted, and I will not accept, any contribution or contributions from any one contributor for the election(s) covered by this Filer Registration form that exceed(s) the applicable contribution limit set forth in Section 3-703(1)(f) of the New York City Administrative Code ("New York City Campaign Finance Act" or the "Act"); that I have not used, and I will not use, my personal funds or property (or that of my spouse, domestic partner, or unemancipated children) for these elections, except as contributions that do not exceed any applicable limit set forth in Section 3-703(1)(h) of the Act (except if I am a non-participant); that I have not accepted and will not accept directly or indirectly any contributions from a corporation, partnership, LLC, or LLP and that I will abide by all other applicable requirements of Title 3, Chapter 7 of the Act and the Campaign Finance Board Rules (the "Rules"), including requirements for campaign finance disclosure statements and recordkeeping. (Note: The law does not impose any limitations on the amount of contributions a candidate may make to his or her own campaign with his or her personal funds and property as long as the candidate will not be a participant in the New York City Campaign Finance Program.)

\_\_\_\_\_  
*initial here\**

I understand that I am responsible for reading, understanding, and knowing the contents of the Act and the Rules. I also understand that I, the committee(s) I authorize for the election(s) covered by this Filer Registration form, and my agents are required to abide by the applicable terms and conditions of the Act and the Rules applicable to the election(s) covered by this Filer Registration form, even if amended, regardless whether I elect to join the Program.

\_\_\_\_\_  
*initial here\**

I understand that my home address, the primary committee address, and the Treasurer's home address as provided above are the addresses to which legal notices, including correspondence and legal papers, may be sent as a courtesy to me. I further understand that if it becomes necessary to update these addresses, I am responsible for promptly notifying the CFB, in writing, of the new addresses.

\_\_\_\_\_  
*initial here\**

I understand that failure to abide by the requirements of the Act or Rules may result in the imposition of such penalties as are provided in Section 3-711 of the Act and other applicable law or rules. The Act provides for penalties up to \$10,000 per violation, and higher penalties for expenditure limit violations. I further understand that I, the committee(s) I authorize for the election(s) covered by this Filer Registration form, the treasurer(s) of those committee(s), and any other of my agents, are jointly and severally liable for the payment of civil penalties assessed by the Board.

\_\_\_\_\_  
*initial here\**

I understand that the CFB will issue usernames and passwords to my treasurer and me to be used to submit disclosure statements, and that only my treasurer and I may complete the disclosure statement process and submit disclosure statements to the CFB. I further understand that my treasurer and I will be given a single encryption key in order to access campaign data entered using C-SMART. Without the encryption key, we will not be able to access our campaign's financial data because it is kept in encrypted form. I further understand that my treasurer or I may change the initial encryption key provided by the CFB. If my treasurer or I change the initial encryption key and lose that new key, all data previously entered will be inaccessible. I understand that the CFB will not be able to recover the encryption key or any of our campaign data.

\_\_\_\_\_  
*initial here\**

I verify that the information on this document is true and complete to the best of my knowledge and belief. I understand that intentionally or knowingly making a false statement, including but not limited to in the form of an electronic submission, or intentionally or knowingly violating any provision of the Act, is a Class A misdemeanor pursuant to Section 3-711(3) of the Act.

\_\_\_\_\_  
*initial here\**

I understand that knowingly making a false written statement, including but not limited to in the form of an electronic submission, is a Class A misdemeanor pursuant to New York State Penal Law Section 210.45.

\_\_\_\_\_  
*initial here\**

I understand that knowingly offering false written information, including but not limited to in the form of an electronic submission, with the belief that it will become a part of the records of a public office and with the intent to defraud, is a Class E felony pursuant to New York State Penal Law Section 175.35.

\_\_\_\_\_  
*initial here\**

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC\*

\_\_\_\_\_  
CANDIDATE SIGNATURE\*

**19. TREASURER VERIFICATION**

INDICATE YOUR AGREEMENT TO EACH PARAGRAPH BY INITIALING THE LINE TO THE RIGHT. (Forms missing initials for any item will not be accepted.) The treasurer for each committee active for the election(s) covered by this Filer Registration form must fully initial and submit this verification. If you need additional copies of this treasurer verification, you may copy the blank form.

I hereby verify that I am treasurer of the committee(s) listed above, each of which is authorized by the candidate to be involved in the election(s) covered by this Filer Registration form (the "Committee(s)"). \_\_\_\_\_ *initial here\**

I hereby verify that the Committee(s) have not accepted and will not accept any contribution or contributions from any one contributor for the election(s) covered by this Filer Registration form that exceed(s) the applicable contribution limit set forth in Section 3-703(1)(f) of the New York City Administrative Code (the "Administrative Code"); that the Committee(s) have not accepted and will not accept directly or indirectly any contributions from a corporation, partnership, LLC, or LLP, and that I, on behalf of the Committee(s), will abide by all other applicable requirements of the Act and the Rules, including requirements for campaign finance disclosure statements and recordkeeping. (Note: The law does not impose any limitations on the amount of contributions a candidate may make to his or her own campaign with his or her personal funds and property as long as the candidate will not be a participant in the New York City Campaign Finance Program.) \_\_\_\_\_ *initial here\**

I understand that I am responsible for reading, understanding, and knowing the contents of the Act and the Rules. I also understand that I, the candidate, the committee(s) authorized by the candidate for the election(s) covered by this Filer Registration form, and the candidate's agents, are required to abide by the terms and conditions of the Act and the Rules applicable to the election(s) covered by this Filer Registration form, regardless whether the candidate elects to join the Program. \_\_\_\_\_ *initial here\**

I understand that the addresses provided for the Committee(s), and/or my home address, are the address(es) to which legal notices, including correspondence and legal papers, will be sent. I further understand that if it becomes necessary to update any address, I am responsible for promptly notifying the CFB, in writing, of it. \_\_\_\_\_ *initial here\**

I understand that failure to abide by the requirements of the Act or Rules may result in the imposition of such penalties as are provided in Section 3-711 of the Act and other applicable law or rules. The Act provides for penalties up to \$10,000 per violation. I further understand that I, the candidate, the committee(s) authorized by the candidate for the election(s) covered by this Filer Registration form, and any other agent of the candidate are jointly and severally liable for the payment of civil penalties assessed by the Board. \_\_\_\_\_ *initial here\**

I understand that the CFB will issue usernames and passwords to the candidate and me to be used to submit disclosure statements, and that only the candidate and I may complete the disclosure statement process and submit disclosure statements to the CFB. I further understand that the candidate and I will be given a single encryption key in order to access campaign data entered using C-SMART. Without the encryption key, we will not be able to access our campaign's financial data because it is kept in encrypted form. I further understand that the candidate or I may change the initial encryption key provided by the CFB. If the candidate or I change the initial encryption key and lose that new key, all data previously entered will be inaccessible. I understand that the CFB will not be able to recover the encryption key or any of our campaign data. \_\_\_\_\_ *initial here\**

I verify that the information on this document is true and complete to the best of my knowledge and belief. I understand that intentionally or knowingly making a false statement, including but not limited to in the form of an electronic submission, or intentionally or knowingly violating any provision of the Act, is a Class A misdemeanor, pursuant to Section 3-711(3) of the Act. \_\_\_\_\_ *initial here\**

I understand that knowingly making a false written statement, including but not limited to in the form of an electronic submission, is a Class A misdemeanor pursuant to New York State Penal Law Section 210.45. \_\_\_\_\_ *initial here\**

I understand that knowingly offering false written information, including but not limited to in the form of an electronic submission, with the belief that it will become a part of the records of a public office and with the intent to defraud, is a Class E felony pursuant to New York State Penal Law Section 175.35. \_\_\_\_\_ *initial here\**

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC\*

TREASURER SIGNATURE\*