



New York City Campaign Finance Board

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

CFB USE ONLY

- ACCEPT
- REJECT

CERTIFIED STATEMENT OF NEED FOR PUBLIC FUNDS

In order to limit public funding in races where participants face minimal opposition, a Statement of Need is required as follows:

- ◆ Public funds payments made before the ballot has been set (“pre-ballot payments”)—required to receive **any** public funds, unless an opponent for the same seat has already received public funds.
- ◆ Post-ballot payments (“Primary” and “General” payments)—required to receive more than 25% of the maximum public funds for that election, unless an opponent for the same seat in that race has already received public funds.
 - ▶ A separate Statement of Need is required to lift the cap in the primary and general elections.

NOTE: A Statement of Need is never required for pre-ballot or primary payments in open seat races (no incumbent is running for re-election), nor in special elections. See Admin. Code §§ 3-705(7)(a), (b).

- ◆ Pre-ballot public funds payments: Submission must be received 15 business days prior to the scheduled payment date.
- ◆ Primary and general public funds payments: Submission must be received by the filing deadline for the disclosure statement preceding the scheduled payment date.
- ◆ Submission must include a table of contents for the supporting documentation.
- ◆ Only the candidate may sign and submit the Certified Statement of Need.

The CFB will verify the truthfulness of this statement and supporting documentation, which will be posted to the CFB’s website. See Admin. Code §§ 3-705(7)(a)(1).

CANDIDATE NAME (LAST)	FIRST	M.I.
COMMITTEE NAME		ELECTION CYCLE <input type="checkbox"/> 2021 <input type="checkbox"/> OTHER _____
TYPE OF PAYMENT (CHECK ONE) <input type="checkbox"/> PRE-BALLOT <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL		
OFFICE SOUGHT	BOROUGH OR COUNCIL DISTRICT	

With the submission of this form and supporting documentation, I wish to receive the maximum public matching funds for which I am eligible in the election listed above. I attest that one or more of the following conditions applies to this election, and that such condition(s) reasonably demonstrate the need for a pre-ballot payment or additional public funds in the primary or general election.

I am opposed in the election listed above by a candidate who:

(Please check the box next to the applicable condition(s), enter the name of the opposing candidate, and attach documentation to support your claim. See the [Guide to Certified Statements Of Need](#) for more information.)

1. Is a non-participating candidate or a limited participating candidate who has the ability to self-finance his or her campaign.
- Possible Documentation: Proof of expenditures made by opposing candidate (such as samples of literature), public information about the opposing candidate's net worth, statements in the press or candidate announcement(s) about the intention to self-finance, documentation regarding the candidate's history of self-financing.

Name of opposing candidate: _____

2. Has received an endorsement from: a citywide or statewide elected official or a federal elected official representing all or a portion of the area covered by the election; two or more other city elected officials who represent all or a part of the area covered by the election; or one or more membership organizations with a membership of over 250 members.
- Possible Documentation: Official press release issued by the endorser, endorsement found on an organization's website, e-mail from the endorsing candidate or organization announcing the endorsement.

Name of opposing candidate: _____

3. Has had significant media exposure in the 12 months preceding the election. At least 12 appearances by an opposing candidate and/or his or her name on television, radio, or in print media in general circulation in the area of the election constitutes "significant media exposure."
- Possible Documentation: Recordings of television or radio appearances by the opposing candidate and/or his or her name, copies of newspaper articles mentioning the opposing candidate (including information about him/her). Mere listings of names of candidates do not qualify as appearances.

Name of opposing candidate: _____

4. In the last eight years preceding the election, has received twenty-five percent or more of the vote in an election for public office in an area encompassing all or part of the area that is the subject of the current election.
- Possible Documentation: Board of Elections's "Statement and Return Report for Certification" documenting the cited opponent's office sought, date of the election, and vote totals. You may paste the link next to the opponent's name below or attach a PDF of the report.

Name of opposing candidate: _____

5. Has a name that is substantially similar, either spoken or in print, to my name, so as to result in confusion among voters.
- Possible Documentation: Name of the opposing candidate, statements in the press discussing the similarities in the candidates' names, explanation of how the name is substantially similar in print or spoken word.

Name of opposing candidate: _____

6. Is a chairman, president, or district manager of a community board (City Council or borough-wide races only).
- Possible Documentation: Name and title of the candidate who is currently serving as a chairman, president, or district manager of a community board, and the source for that information. A list of community boards can be found on the [Mayor's Community Affairs Unit website](#).

Name of opposing candidate: _____

7. Has a spouse, domestic partner, sibling, parent or child who holds or has held elective office in an area encompassing all or part of the area of the covered election in the past ten years.
- Possible Documentation: Name of the person who holds or has held office, his or her relationship to the candidate, office held, the area of overlap with the covered office, and the period in office.

Name of opposing candidate: _____

Name of opposing candidate's spouse, domestic partner, sibling, parent, or child:

I understand that (a) intentionally or knowingly making a false statement or intentionally or knowingly violating any provision of the New York City Campaign Finance Act is a Class A misdemeanor pursuant to Section 3-711(3) of the Act; (b) knowingly making a false written statement is a Class A misdemeanor pursuant to New York State Penal Law Section 210.45; and (c) knowingly offering false written information 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.

I hereby certify that the information filed herewith is true and complete to the best of my knowledge, information, and belief.

CANDIDATE SIGNATURE

DATE