

CERTIFICATION

File this form to become eligible to receive public funds



If you are running for a CFB-covered office and wish to participate in the Campaign Finance Program and be eligible to receive public funds, this Certification must be filed by the deadline set by the CFB. Late or incomplete Certifications will not be accepted. Metered mail and other mail without a verifiable postmark will be presumed to have been mailed three days prior to receipt by the CFB.



New York City Campaign Finance Board

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

CERTIFICATION

You must file this form with the New York City Campaign Finance Board (“CFB”) to become a participant in the Campaign Finance Program (“Program”).

If you are running for a CFB-covered office and wish to participate in the Program and be eligible to receive public funds, this Certification must be filed by the deadline set. *Late or incomplete Certifications will not be accepted.* Metered mail and other mail without a verifiable postmark will be presumed to have been mailed three days prior to receipt by the CFB.

IMPORTANT INFORMATION—PLEASE READ

Complete the entire Certification. 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 Certification.

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 Certification.

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.**

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

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 resources may only be included under the employment information of the candidate, treasurer, or campaign liaison(s) (if applicable).



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CERTIFICATION

1. ELECTION CYCLE (MUST CHECK ONLY ONE)						
<input type="checkbox"/> 2017 PRIMARY/GENERAL ELECTION CYCLE		<input type="checkbox"/> SPECIAL ELECTION: _____			<input type="checkbox"/> OFF-YEAR: _____	
2. CANDIDATE NAME AND HOME ADDRESS						CFB USE ONLY
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.						CANDIDATE I.D. _____ COMMITTEE I.D. _____
MR.	MRS.	MS.	LAST*	FIRST*	M.I.	
STREET ADDRESS*				APARTMENT/SUITE/FLOOR		
CITY*			STATE*	ZIP CODE*		
DAY TELEPHONE* ()			EVENING TELEPHONE ()			
EMAIL ADDRESS*						
3. CANDIDATE EMPLOYMENT						
Enter the candidate's employment information.						
EMPLOYER NAME*						
STREET ADDRESS				APARTMENT/SUITE/FLOOR		
CITY			STATE	ZIP CODE		
TELEPHONE ()						
4. OFFICE SOUGHT						
Enter the office sought, borough or Council district #, and party registration.						
OFFICE			BOROUGH OR COUNCIL DISTRICT #			
PARTY REGISTRATION (OPTIONAL)						
5. PRINCIPAL 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 for the principal committee. The CFB advises against using a P.O. Box for your committee address. Candidates must authorize and use only one political committee to make expenditures, raise contributions, and receive public matching funds for the election covered by this Certification. This political committee is the candidate's "principal committee." It cannot have been authorized nor used for any other election, or be the authorized committee for any other candidate. Note: The committee address is an address to which legal notices may be sent. You must promptly notify the CFB of any changes.						
COMMITTEE NAME*				NYS BOE FILER ID*		
STREET ADDRESS*			APARTMENT/SUITE/FLOOR	NYS BOE REGISTRATION DATE*		
CITY*			STATE*	ZIP CODE*		
DAY TELEPHONE* ()			EVENING TELEPHONE ()			
EMAIL ADDRESS*			WEBSITE ADDRESS(ES)*			
CFB USE ONLY						

COMMITTEE SOCIAL MEDIA					
FACEBOOK		TWITTER			
LINKEDIN		OTHER			
MAILING ADDRESS (IF DIFFERENT)					
If the principal 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			
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?* <input type="checkbox"/> YES <input type="checkbox"/> 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.	MRS.	MS.	LAST*	FIRST*	M.I.
STREET ADDRESS*			APARTMENT/SUITE/FLOOR		
CITY*		STATE*	ZIP CODE*		
DAY TELEPHONE* ()		EVENING TELEPHONE ()			
EMAIL ADDRESS*					
8. TREASURER EMPLOYMENT					
Enter the treasurer's employment information.					
EMPLOYER NAME*					
STREET ADDRESS			APARTMENT/SUITE/FLOOR		
CITY	STATE	ZIP CODE			
TELEPHONE ()					

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)*		PURPOSE OF ACCOUNT (SELECT ONE)*	
DATE CLOSED (IF ANY)	MONTH	DAY	YEAR	<input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____		<input checked="" type="checkbox"/> PRIMARY/GENERAL/SPECIAL ELECTION <input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS <input type="checkbox"/> OTHER (SPECIFY) _____	
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)*		PURPOSE OF ACCOUNT (SELECT ONE)*	
DATE CLOSED (IF ANY)	MONTH	DAY	YEAR	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____		<input type="checkbox"/> PRIMARY/GENERAL/SPECIAL ELECTION <input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS <input type="checkbox"/> OTHER (SPECIFY) _____	
CURRENT BALANCE \$*	MONTH*	DAY*	YEAR*				

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

DIRECT DEPOSIT OF PUBLIC FUNDS

In order to receive public funds by direct deposit, you must list your ABA/Routing Number found on your committee check and attach a VOIDED check from your principal committee's checking account below. Starter checks will not be accepted.

ABA/ROUTING NUMBER*

↑

ENTER YOUR PRINCIPAL COMMITTEE'S ABA/ROUTING NUMBER

280

Friends of Jane Henley
44-22 Roosevelt Avenue, Ste 504
Jackson Heights, NY 11372

DATE _____

Pay to the order of: _____ \$ _____ DOLLARS

VOID

MEMO _____

⑆ 000067894 ⑆ 12345678

Checking Account (for Direct Deposit of Public Funds only)

10. MERCHANT ACCOUNTS

If you process credit card contributions using a merchant account, 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
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ACQUIRING BANK'S NAME	COMMITTEE'S MERCHANT ACCOUNT NUMBER
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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.	MRS.	MS.	LAST	FIRST	M.I.
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STREET ADDRESS	APARTMENT/SUITE/FLOOR
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CITY	STATE	ZIP CODE
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DAY TELEPHONE ()	EVENING TELEPHONE ()
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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.	MRS.	MS.	LAST	FIRST	M.I.
-----	------	-----	------	-------	------

STREET ADDRESS	APARTMENT/SUITE/FLOOR
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CITY	STATE	ZIP CODE
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DAY TELEPHONE ()	EVENING TELEPHONE ()
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EMAIL ADDRESS

13. CAMPAIGN CONSULTANT (IF APPLICABLE)

If you have retained a consultant for the purpose of complying with the Program, enter the consultant's name, address, telephone numbers, and email address.

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

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

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

DAY TELEPHONE ()	EVENING TELEPHONE ()
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EMAIL ADDRESS

CONSULTANT ENTITY NAME (IF APPLICABLE)
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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.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS				APARTMENT/SUITE/FLOOR	
CITY			STATE	ZIP CODE	
DAY TELEPHONE ()			EVENING TELEPHONE ()		
EMAIL ADDRESS					

15. CONTACT ORDER

Select the order in which you would like the CFB to contact representatives of your campaign. 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 addresses notwithstanding the order requested.

Candidate should be contacted:*	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	
Treasurer should be contacted:*	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	
Campaign Manager should be contacted:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	<input type="checkbox"/> N/A
Liaison should be contacted:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	<input type="checkbox"/> N/A
Consultant should be contacted:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Fifth	<input type="checkbox"/> N/A

16. ADDITIONAL AUTHORIZED COMMITTEES

Complete this section if the candidate has committees (including any political action committees) that are active and file disclosure statements with the New York State Board of Elections (NYS BOE) or Federal Election Commission (FEC). Please indicate the name of the committee, the date of the last election in which the committee was involved, office sought, treasurer’s information, date opened with the NYS BOE or FEC, and whether the committee is a joint committee.

Remember, only the principal committee can be used for the election covered by this Certification.

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

17. CANDIDATE VERIFICATION

The candidate must read and initial each clause and sign the Candidate Verification. **The candidate's signature must be notarized.**

I understand that I am responsible for reading, understanding, and complying with Title 3, Chapter 7 of the New York City Administrative Code (the "New York City Campaign Finance Act" or the "Act"), and the Campaign Finance Board Rules (the "Rules"). I further understand that this Certification is a condition for qualifying to receive public funds in the election(s) covered by this Certification and that other conditions specified in the Act and Rules must be satisfied before I may receive public funds.

*initial here**

I hereby designate the authorized committee listed in Section 5 to be my principal committee (the "Principal Committee") for the election(s) covered by this Certification. I hereby verify that the Principal Committee (i) is the only committee authorized by me to aid or otherwise take part in the election(s) covered by this Certification; (ii) is not an authorized committee of any other candidate; and (iii) has not been, is not, and will not be, authorized or otherwise active for any elections other than the election(s) covered by this Certification. I understand that the use of an entity other than the Principal Committee to aid or otherwise take part in the election(s) covered by this Certification is a violation and will trigger the application to such entity of all provisions of the Act and Rules governing principal committees.

*initial here**

I understand that I am ultimately responsible for my campaign's compliance with the Act and Rules. I further understand that I, my treasurer, and the Principal Committee, and any of my agents, are subject to the requirements of the Act and Rules, including any amendments thereto adopted after the date of my signature below, regardless whether I: meet the requirements to have my name appear on the ballot; meet the threshold for eligibility for public funds; am otherwise eligible to receive public funds; or accept public funds.

*initial here**

I understand that violations of the Act, include, but are not limited to: accepting any contribution in excess of the applicable contribution limit set forth in Section 3-703(1)(f) or (1-a) of the Act; using my personal funds or property (or personal funds or property jointly held by me and my spouse, domestic partner, or unemancipated children) for the election(s) covered by this Certification, except as contributions that do not exceed the limit set forth in Section 3-703(1)(h) of the Act; making expenditures in excess of the applicable expenditure limit set forth in Section 3-706(1) of the Act; or accepting any contribution, directly or indirectly, from any political committee that is not registered with the CFB or from any corporation, partnership, LLP, or LLC.

*initial here**

I understand that the Board may assess penalties of up to \$10,000 per violation, as provided in Section 3-711(1) of the Act, and penalties in excess of \$10,000 for violating the expenditure limit and for failing to provide any response to the draft audit report, as provided in Section 3-711(2) of the Act. I further understand that I, along with my treasurer, and the Principal Committee, and any of my agents, may be held jointly and severally liable for payment of such penalties. I further understand that the Board may assess penalties for violations that occurred prior to the date of my signature below against me, my treasurer, and the Principal Committee, and any of my agents, and that the Principal Committee must immediately return any prohibited or over-the-limit contributions previously received.

*initial here**

I understand that exceeding the expenditure limit, furnishing false information to the CFB, and other serious violations of the Act and Rules may be considered a fundamental breach of the obligations affirmed in this Certification pursuant to Rule 2-02. I further understand that in the event of a fundamental breach, the Board may assess penalties against me, my treasurer, and the Principal Committee, and any of my agents, and I shall be ineligible to receive additional public funds and shall be deemed to have forfeited all public funds previously received.

*initial here**

I understand that the Board will determine if the Principal Committee and I must return public funds after the election pursuant to Section 3-710(2) of the Act. I understand that public funds may only be spent on "qualified campaign expenditures", that the Principal Committee and I may be held jointly and severally liable for repaying any public funds for which adequate documentation for qualified campaign expenditures was not provided, and that if any campaign expenditures are illegal, improper, or not in furtherance of my nomination or election, the Principal Committee and I may be jointly and severally liable for the return of the amount of such expenditures to the Board. I further understand that my campaign must follow published CFB guidelines and procedures, employ trained staff, and implement standard financial controls and procedures.

*initial here**

I understand that my home and email addresses, my treasurer's home and email addresses, and the Principal Committee address and email address, as provided in Sections 2, 5, and 7, are addresses to which legal notices, including correspondence and legal papers, may be sent. I further understand that if any of these addresses change, I will be responsible for promptly notifying the CFB of the change, in writing.

*initial here**

I understand that by providing a voided check in Section 9, I am authorizing the CFB to deposit any public funds payments my campaign is eligible to receive directly into the indicated checking account. I also grant authorization to the CFB for the full or partial reversal of any deposits to this account in the event that the deposit was made partly or entirely in error.

*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 Administrative Code.

*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*

18. TREASURER VERIFICATION

The treasurer must read and initial each clause and sign the Treasurer Verification. **The treasurer's signature must be notarized.**

As treasurer of the committee listed in Section 5 (the "Principal Committee"), I understand that I am responsible for reading and understanding Title 3, Chapter 7 of the New York City Administrative Code (the "New York City Campaign Finance Act" or the "Act"), and the Campaign Finance Board Rules (the "Rules").

*initial here**

I hereby verify that I agree to abide by the requirements of the Act and Rules. I understand that I, the candidate, and the Principal Committee, and any other agents of the candidate, are subject to the requirements of the Act and Rules, including any amendments thereto adopted after the date of my signature below, regardless whether the candidate: meets the requirements to have his or her name appear on the ballot; meets the threshold for eligibility for public funds; is otherwise eligible to receive public funds; or accepts public funds.

*initial here**

I understand that violations of the Act include, but are not limited to: accepting any contribution in excess of the applicable contribution limit set forth in Sections 3-703(1)(f), (h), or (1-a) of the Administrative Code; making expenditures in excess of the applicable expenditure limit set forth in Section 3-706(1) of the Administrative Code, or accepting any contribution, directly or indirectly, from any political committee that is not registered with the CFB or from any corporation, partnership, LLP, or LLC.

*initial here**

I understand that the use of an entity other than the Principal Committee to aid or otherwise take part in the election(s) covered by this Certification is a violation and will trigger the application to such entity of all provisions of the Act and Rules governing principal committees.

*initial here**

I understand that the Board may assess penalties of up to \$10,000 per violation, as provided in Section 3-711(1) of the Administrative Code, and that I, along with the candidate and the Principal Committee, and any other agents of the candidate, may be held jointly and severally liable for payment of such penalties. I further understand that the Board, as provided in Section 3-711(2) of the Administrative Code, may assess penalties in excess of \$10,000 for violating the expenditure limit and for failing to provide any response to the draft audit report, and that I may be held jointly and severally liable for payment of the first \$10,000 of any such penalty. I further understand that the Board may assess penalties for violations that occurred prior to the date of my signature below against me, the candidate, and the Principal Committee, and any other agents of the candidate, and that the Principal Committee must immediately return any prohibited or over-the-limit contributions previously received.

*initial here**

I understand that exceeding the expenditure limit, furnishing false information to the CFB, and other serious violations of the Act and Rules may be considered a fundamental breach of the obligations affirmed in this Certification pursuant to Rule 2-02. I further understand that in the event of a fundamental breach, the Board may assess penalties against me, the candidate, and the Principal Committee, and any other agents of the candidate, and the candidate shall be ineligible to receive additional public funds and shall be deemed to have forfeited all public funds previously received.

*initial here**

I understand that my home and email addresses, the candidate's home and email addresses, and the Principal Committee address and email address, as provided in Sections 2, 5, and 7, are addresses to which legal notices, including correspondence and legal papers, may be sent. I further understand that if any of these addresses change, I will be responsible for promptly notifying the CFB of the change, in writing.

*initial here**

I understand that by providing a voided check in Section 9, I am authorizing the CFB to deposit any public funds payments my campaign is eligible to receive directly into the indicated checking account. I also grant authorization to the CFB for the full or partial reversal of any deposits to this account in the event that the deposit was made partly or entirely in error.

*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 Administrative Code.

*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*