

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.nycffb.info • CandidateServices@nycffb.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 website for campaigns, providing secure online access to C-SMART, campaign information, and compliance notices. Campaign-specific usernames, passwords, and the 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.**

Note: If after submitting this Certification you decide that you no longer wish to be a Program participant, you must fill out and submit the Rescission of Certification. The deadline to submit a Rescission of Certification is on or before the ninth Monday preceding the primary election or prior to the receipt of public funds, which ever occurs first.

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 information 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)

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* ()		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[†]

Select the office you intend to seek. If you select borough president or City Council, you must include the borough or Council district.

[†] Effective June 22, 2020 candidates registering with the CFB must declare their office sought at the time of registration.

OFFICE*:
 MAYOR
 PUBLIC ADVOCATE
 COMPTROLLER
 BOROUGH PRESIDENT: _____ (borough)
 CITY COUNCIL: _____ (council district)

5. PROGRAM CHOICE

The City Council passed Local Law 128 of 2019 which expands on the changes to the Campaign Finance Program made by the 2018 Charter Revision Commission. Effective July 14, 2019, these combined changes:

- increase the matching rate on contributions from New York City residents
- increase the maximum matchable amount for citywide offices
- lower the contribution limits,
- increase the amount of public funds candidates may receive per election,
- make public funds available as early as December of the calendar year preceding the election year

Candidates in the 2021 election cycle can opt out of the new program and choose to have the higher contribution limits, lower matching rate, lower maximum public funds, and public funds distribution schedule as in effect before the charter revision, apply to them.

NEW PROGRAM (OPTION A)

OFFICE	CONTRIBUTION LIMIT	MATCHING RATE	MAXIMUM MATCHABLE PER CONTRIBUTOR	MAXIMUM PUBLIC FUNDS PER CONTRIBUTOR	MAXIMUM PUBLIC FUNDS PER ELECTION (89% OF APPLICABLE SPENDING LIMIT)
MAYOR	\$2,000	\$8-TO-\$1	\$250	\$2,000	\$6,476,444
PUBLIC ADVOCATE AND COMPTROLLER	\$2,000	\$8-TO-\$1	\$250	\$2,000	\$4,048,888
BOROUGH PRESIDENT	\$1,500	\$8-TO-\$1	\$175	\$1,400	\$1,457,777
CITY COUNCIL	\$1,000	\$8-TO-\$1	\$175	\$1,400	\$168,888

See [Join the Matching Funds Program](#) for more information on the changes.

You must choose whether you want to have the previous or new requirements apply. Choose only one:

OPTION A: New Program

I, the candidate, choose the conditions and requirements of the new program.

_____ *candidate's initials*

OPTION B: Old Program

I, the candidate, choose to opt out of the new Campaign Finance Program and choose the conditions and requirements of the old program.

_____ *candidate's initials*

Note: This choice is non-binding until the deadline to certify to receive public funds or prior to the receipt of public funds, whichever is earlier.

CFB USE ONLY

6. PRINCIPAL COMMITTEE

Enter the committee name, address, and other information about the 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*		
STREET ADDRESS*		APARTMENT/SUITE/FLOOR
CITY*	STATE*	ZIP CODE*
DAY TELEPHONE* ()	EVENING TELEPHONE ()	
EMAIL ADDRESS*	WEBSITE ADDRESS(ES)*	

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

COMMITTEE SOCIAL MEDIA

FACEBOOK	TWITTER
LINKEDIN	OTHER

7. 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

8. 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* ()		EVENING TELEPHONE ()		
EMAIL ADDRESS*				

9. TREASURER EMPLOYMENT

Enter the treasurer's employment information.

EMPLOYER NAME*				
STREET ADDRESS			APARTMENT/SUITE/FLOOR	
CITY		STATE	ZIP CODE	
TELEPHONE ()				

10. 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) <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____	PURPOSE OF ACCOUNT (SELECT ONE) <input checked="" type="checkbox"/> PRIMARY/GENERAL/SPECIAL ELECTION <input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS <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) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____	PURPOSE OF ACCOUNT (SELECT ONE) <input type="checkbox"/> PRIMARY/GENERAL/SPECIAL ELECTION <input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS <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 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

<i>Friends of Jane Henley</i>		280
<i>44-22 Roosevelt Avenue, Ste 504</i>		
<i>Jackson Heights, NY 11372</i>		DATE _____
Pay to the order of: _____	VOID	\$ _____
MEMO _____		_____ DOLLARS
: 000067894 : 12345678		

Checking Account (for Direct Deposit of Public Funds only)

11. 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

12. 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* ()		EVENING TELEPHONE ()		
EMAIL ADDRESS				

13. 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* ()		EVENING TELEPHONE ()		
EMAIL ADDRESS				

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

15. 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* ()		EVENING TELEPHONE ()		
EMAIL ADDRESS				

16. 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 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

17. 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.	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.	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					

18. 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 §§ 1052 and 1053 of Chapter 46 of the New York City Charter (the "Charter"); Title 3, Chapter 7 of the New York City Administrative Code (the "New York City Campaign Finance Act" or the "Act"), and Title 52 of the Rules of the City of New York, (the "Campaign Finance Board Rules" or the "Rules").

*initial here**

I understand that my affirming and accepting this Certification is a condition for qualifying for participation in the matching funds program (the "Program") and to receive public funds in the election(s) that this Certification covers and that I must satisfy the other conditions specified in the Act and Rules before I may receive public funds.

*initial here**

I hereby designate the authorized committee identified in this Certification as my sole committee (the "Principal Committee") for the election(s) that this Certification covers. I hereby verify that the Principal Committee (i) is the only committee I have authorized to aid or otherwise take part in the election(s) that this Certification covers; (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.

*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) that this Certification covers is a violation of the Act 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 responsible for my campaign's compliance with the Charter, the Act, and the Rules. I further understand that I, my treasurer ("the Treasurer"), and the Principal Committee, and any of my agents, must comply with the Charter, the Act, and the Rules, including any amendments thereto adopted after the date of my signature below, regardless of whether my name appears on the ballot, I meet the threshold for public funds eligibility or accept public funds.

*initial here**

I understand that to be eligible to receive an optional early public funds payment, I must select an office sought in the Office Sought section of this Certification and meet, or attempt to meet, all of the requirements of the New York State Election Law to have my name on the ballot(s) for the election(s) that this Certification covers. I understand that if the Principal Committee receives an early public funds payment, but I fail to meet the New York State Election Law requirements to have my name on the ballot, I must submit documentation to the Campaign Finance Board ("CFB" or the "Board") demonstrating my attempts to meet those requirements. I understand that if the Board determines that I failed to attempt to meet those requirements, failed to actively campaign for a covered office, or was otherwise ineligible to receive public funds, the CFB may recover, in whole or in part, any early public funds payment the Principal Committee received.

*initial here**

I understand that, pursuant to Admin Code § 3-720(a-f), whether I choose the Program as in effect beginning January 12, 2019 (Option A) or as in effect before January 12, 2019 (Option B) determines the contribution limits, matching fund rates, matchable contribution amounts, maximum matchable funds, and public funds distribution schedule applicable to me and the Principal Committee. I acknowledge that I will not be able to modify my selection after the Principal Committee receives public funds or the Certification deadline set forth in §§ 3-703(c)(i) or (ii) of the Act, whichever is first.

*initial here**

I understand that violations of the Act include, but are not limited to: (i) accepting any contribution in excess of the applicable contribution limit set forth in the Charter, the Act, and the Rules; (ii) making expenditures in excess of the applicable expenditure limit set forth in § 3-706(1) of the Act; and (iii) accepting any contribution, directly or indirectly, from any political committee that is not registered with the CFB or from any corporation, partnership, or limited liability partnership or limited liability company. I further understand that the Principal Committee must immediately return any prohibited or over-the-limit contributions it receives or has received.

*initial here**

I understand that the Board may assess penalties of up to \$10,000 per violation of the Charter, the Act, or the Rules, and penalties in excess of \$10,000 for violating the expenditure limit and for failing to provide a response to the draft audit report, as provided in § 3-711(2) of the Act. I further understand that the Board may hold me, along with the Treasurer, the Principal Committee, and any of my agents, 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, the Treasurer, the Principal Committee, and any of my agents.

*initial here**

I understand that, pursuant to Rule 3-01(e), the submission of fraudulent matchable contribution claims, cooperation in alleged independent expenditures, furnishing false information to the CFB, the use of public funds to make fraudulent campaign expenditures, and other serious violations of the Act and Rules constitute a fundamental breach of the obligations I have affirmed and accepted in this Certification. I further understand that in the event of a fundamental breach, the Board may assess penalties against me, the Treasurer, and the Principal Committee, and any of my agents, and I shall be ineligible to receive additional public funds and shall be required to return all public funds previously received.

*initial here**

I understand that the Board may determine that the Principal Committee and I must return public funds pursuant to § 3-710(2) of the Act. I understand that the Principal Committee may only spend public funds on “qualified campaign expenditures,” that the Board may hold the Principal Committee and me jointly and severally liable for repaying to the Board any public funds not used for qualified campaign expenditures or used for purposes which are illegal, improper, or not in furtherance of my nomination or election. 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, the Treasurer’s home and email addresses, and the Principal Committee address and email address, as provided in this Certification, are addresses to which legal notices, including correspondence and legal papers, may be sent. I further understand that I am required to promptly notify the CFB, in writing, of any changes to these addresses.

*initial here**

I understand that by providing a voided check with this Certification, I am authorizing the CFB to deposit any public funds payments my campaign is eligible to receive directly into the checking account indicated in this Certification. 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 in error.

*initial here**

I understand that the CFB will issue usernames and passwords to the Treasurer and me to submit electronic disclosure statements and that only the Treasurer and I may complete the disclosure statement process and submit disclosure statements to the CFB. I further understand that the CFB will give the Treasurer and me a single encryption key to access campaign data entered electronically. I understand that I will not be able to access the campaign’s financial data without the encryption key because it is kept in encrypted form. I further understand that, although the Treasurer or I may change the initial encryption key provided by the CFB, if the Treasurer or I later lose that modified encryption key, we will be unable to access any data previously entered, and the CFB will not be able to recover the modified encryption key or any of the campaign’s data.

*initial here**

I verify that the information contained in 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 New York State Penal Law § 210.45 and § 3-711(3) of the Act.

*initial here**

I understand that knowingly offering false written information to the CFB, including, but not limited to, in the form of an electronic submission, with the belief that it will become 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 § 175.35.

*initial here**

SWORN TO BEFORE ME THIS

_____ day of

_____, 20 ____

NOTARY PUBLIC*

CANDIDATE SIGNATURE*

19. TREASURER VERIFICATION

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

I understand that I am responsible for reading, understanding, and complying with §§ 1052 and 1053 of Chapter 46 of the New York City Charter (the "Charter"); Title 3, Chapter 7 of the New York City Administrative Code (the "New York City Campaign Finance Act" or the "Act"); and Title 52 of the Rules of the City of New York (the "Campaign Finance Board Rules" or the "Rules").

_____ *initial here**

I understand that my affirming and accepting this Certification is a condition for the Campaign to qualify for participation in the matching funds program (the "Program") and to receive public funds in the election(s) that this Certification covers and that the Campaign must satisfy the other conditions specified in the Act and Rules before I may receive public funds.

_____ *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) this Certification covers is a violation of the Act 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, the Candidate, and the Principal Committee, and any other agents of the Candidate, must comply with the Charter, the Act, and the Rules, including any amendments thereto adopted after the date of my signature below, regardless of whether the Candidate is on the ballot, meets the threshold for eligibility for is otherwise eligible to receive public funds, or accepts public funds.

_____ *initial here**

I understand that to be eligible to receive an optional early public funds payment, the Candidate must select an office sought in the Office Sought section of this Certification and must meet, or attempt to meet, all of the requirements of the New York State Election Law to have their name on the ballot(s) for the election(s) that this Certification covers. I understand that if the Principal Committee receives an early public funds payment, but the Candidate fails to meet the New York State Election Law requirements to have their name on the ballot, I must submit documentation to the Campaign Finance Board ("CFB" or the "Board") demonstrating the campaign's attempts to meet those requirements. I understand that if the Board determines that the campaign failed to attempt to meet those requirements, failed to actively campaign for a covered office, or was otherwise ineligible to receive public funds, the CFB may recover, in whole or in part, any early public funds payment the Principal Committee received.

_____ *initial here**

I understand that, pursuant to Admin Code § 3-720(a-f), whether the Candidate chooses the Program as in effect beginning January 12, 2019 (Option A) or as in effect before January 12, 2019 (Option B) determines the contribution limits, matching fund rates, matchable contribution amounts, maximum matchable funds, and public funds distribution schedule applicable to me and the Principal Committee. I acknowledge that the Candidate will not be able to modify the selection after the Principal Committee receives public funds or the Certification deadline set forth in §§ 3-703(c)(i) or (ii) of the Act, whichever is first.

_____ *initial here**

I understand that violations of the Act include, but are not limited to: (i) accepting any contribution in excess of the applicable contribution limit set forth in the Charter, Act, and Rules; (ii) making expenditures in excess of the applicable expenditure limit set forth in § 3-706(1) of the Act; and (iii) accepting any contribution, directly or indirectly, from any political committee that is not registered with the CFB or from any corporation, partnership, limited liability partnership, or limited liability company. I further understand that the Principal Committee must immediately return any prohibited or over-the-limit contributions it receives or has received.

_____ *initial here**

I understand that the Board may assess penalties of up to \$10,000 per violation of the Charter, the Act, or the Rules, 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 understand that the Board, as provided in § 3-711(2) of the Act, may assess penalties in excess of \$10,000 against the Candidate and the Principal Committee for violations of the expenditure limit and for failing to provide a response to the draft audit report. 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.

*initial here**

I understand that, pursuant to Rule 3-01(e), the submission of fraudulent matchable contribution claims, cooperation in alleged independent expenditures, furnishing false information to the CFB, the use of public funds to make fraudulent campaign expenditures, and other serious violations of the Act and Rules constitute a fundamental breach of the obligations I have affirmed and accepted in this Certification. 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 the Board may determine that the Principal Committee and the Candidate must return public funds pursuant to § 3-710(2) of the Act. I understand that the Principal Committee may only spend public funds on "qualified campaign expenditures," that the Board may hold the Principal Committee and the Candidate jointly and severally liable for repaying to the Board any public funds not used for qualified campaign expenditures or used for purposes which are illegal, improper, or not in furtherance of my nomination or election. I further understand that the 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, the Candidate's home and email addresses, and the Principal Committee address and email address, as provided in this Certification, are addresses to which legal notices, including correspondence and legal papers, may be sent. I further understand that I am required to notify the CFB, in writing, of any changes to these addresses.

*initial here**

I understand that by providing a voided check with this Certification, I am authorizing the CFB to deposit any public funds payments the campaign is eligible to receive directly into the checking account indicated in this Certification. 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 in error.

*initial here**

I understand that the CFB will issue usernames and passwords to the Candidate and me 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 CFB will give the Candidate and me a single encryption key to access campaign data entered electronically. I understand that I will not be able to access the campaign's financial data without the encryption key because it is kept in encrypted form. I further understand that, although the Candidate or I may change the initial encryption key provided by the CFB, if the Candidate or I later lose that modified encryption key, we will be unable to access any data previously entered and the CFB will not be able to recover the modified encryption key or any of the campaign's data.

*initial here**

I verify that the information contained in this document is true and complete to the best of my knowledge and belief. I understand that intentionally or knowingly making a false a 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 New York State Penal Law § 210.45 and § 3-711(3) of the Act.

*initial here**

I understand that knowingly offering false written information to the CFB, including but not limited to in the form of an electronic submission, with the belief that 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 § 175.35.

*initial here**

SWORN TO BEFORE ME THIS

_____ day of

_____, 20 ____

NOTARY PUBLIC*

TREASURER SIGNATURE*