

The information provided does not constitute legal or election advice. If you have any specific questions relating to the qualifying process, please contact the State Board of Elections at (518) 473-5086 or consult an attorney. Also visit the State Board of Election's website on candidate qualifying for more information.

<http://www.elections.ny.gov/RunningOffice.html>

PARTY CAUCUS

Party Name

(Participants sign in sheet)

Caucus Date

[illegible]

CERTIFICATE OF NOMINATION VILLAGE OF PORT CHESTER

Village Clerk's Office
222 Grace Church Street
Port Chester, NY

We, the undersigned, Presiding Officer and Secretary of the _____
Caucus for the Village of Port Chester, New York, do hereby certify that at a meeting of said caucus held
in the Village of Port Chester, New York on _____, 20____, the following person(s) was/were
duly nominated for the public office stated, by a majority of the members present:

TITLE OF OFFICE	NAME OF PARTY	NAME OF CANDIDATE	RESIDENCE OF CANDIDATE

WE ALSO CERTIFY THE FOLLOWING NAME PERSONS:

_____ residing at _____

_____ residing at _____

_____ residing at _____

were appointed at said meeting of caucus of the Village of Port Chester, County of Westchester, New York,
as the Committee to fill Vacancies in the nomination made, as prescribed by Section 15-108 of the Election
Law.

Signed and dated this _____ day

of _____, 20 ____

at Port Chester, New York

Presiding Officer

Secretary

CERTIFICATE OF ACCEPTANCE

(Section 6-146, Election Law)

I, _____, residing at
(Candidate's Name)

(Address)

having been designated/nominated by the _____
(Name of Party)

Party, as a candidate for the office of _____
(Title of Office and Political Subdivision)

_____ district, do hereby ACCEPT such designation/nomination and
(District Number if any)

consent to be such candidate of such party at a _____
(Special/Primary/General)

election to be held on _____, 20 ____.

(Date)

(Signature of Candidate)

State of New York :

County of _____ : ss:

On this _____ day of _____, 20__, before me
personally appeared _____, to me known and known to me to be
the individual described therein, and who executed the foregoing instrument, and
acknowledged to me that he/she executed the same.

Notary Public

(Sample Prepared by State Board of Elections)

CERTIFICATE OF AUTHORIZATION

(Section 6-120, Election Law)

We, _____ and _____
(Presiding Officer) (Secretary)

Presiding Officer and Secretary of the meeting of the _____ Party
of _____, DO HEREBY CERTIFY THAT: at a meeting of the
(Political Subdivision)

_____ Committee of the _____, Party
(Political Subdivision)

held on the _____ day of _____, 20____, a quorum being present, said committee, by
majority vote of the members present, did consent and authorize the nomination/designation of

_____ residing at _____
(Name of Candidate) (Place of Residence)

_____ for the office of _____ as

a candidate of the _____ Party for public office indicated, at the

_____ Election to be held on _____
(Special/Primary/General) (Date of Election)

Said nomination/designation is authorized pursuant to the provisions of Section 6-120 of
the New York State Election Law.

IN WITNESS WHERE OF, we have set our hands this _____ day of _____,
20____.

Presiding Officer

Secretary

On this _____ day of _____, 20____ before me personally came

_____ and _____
to me known and known to me to be the persons described in and who executed the foregoing
instrument and he/she duly acknowledged to me that he/she executed the same.

CERTIFICATE OF DECLINATION

(Section 6-146, Election Law)

I, _____, residing at
(Candidate's Name)

(Address)

having been designated/nominated by the _____
(Name of Party)

Party, as a candidate for the office of _____
(Title of Office and Political Subdivision)

_____ district, at a _____
(District Number if any) (Special/Primary/General)

election to be held on _____, 20____,

do hereby DECLINE such designation/nomination.

(Date)

(Signature of Candidate)

State of New York :

County of _____ : ss:

On this _____ day of _____, 20____, before me
personally appeared _____, to me known and known to me to be
the individual described therein, and who executed the foregoing instrument, and
acknowledged to me that he/she executed the same.

Notary Public

(Sample Prepared by State Board of Elections)

CERTIFICATE OF SUBSTITUTION BY PARTY COMMITTEE AFTER DECLINATION, DEATH OR DISQUALIFICATION

(Section 6-148, Election Law)

WHEREAS, there exists a vacancy in the nomination for the office of _____ in
(title of office and political subdivision)
the _____ district by the _____ Party caused by the
(district number if any) (name of party)
declination/death/disqualification of _____.
(name of original candidate)

THEREFORE, WE, the undersigned, Presiding Officer and Secretary at a meeting at which there was a quorum of
the _____ Party committee members last elected in the _____
(name of party) (political subdivision)
(or members of such other committee as the rules of the party may provide), do hereby certify that the following named individual
was nominated to fill the above mentioned vacancy by a majority of the committee members present at said meeting:

Name of new candidate: _____

Place of residence: _____

DATE: _____

Signature of Presiding Officer

Secretary

AFFIDAVIT

We, the undersigned, hereby affirm that we were the Presiding Officer and Secretary at the committee meeting referred to in the above certificate and that the statements in such certificate are true:

Presiding Officer

Secretary

Sworn to before me this _____
day of _____, 20____

Notary Public

CONSENT BY SUBSTITUTED CANDIDATE

I, _____ hereby accept the above nomination of the _____
(name of substituted candidate) (name of political party)

Party, for the office of _____,
(Title of Office & Political Subdivision) (district #, if any)

Signature of Candidate

On this ____ day of _____, 20____, before me personally appeared _____
to me known and known to me to be the individual described in, and who executed the foregoing instrument, and acknowledged
to me that he/she executed the same.

Notary Public

SAMPLE

Village Independent Nominating Petition

LOGO

“Independent Party Name”

Name of Candidate	Public Office	Term	Residence

I do hereby (insert names of at least three person, all of whom shall be registered voters within such village)

as a committee to fill vacancies in accordance with the provision of the election law

Total Number of Volumes in Petition

Identification Numbers

The petition contains the numbers, or in excess of the number, of valid signatures required by the Election Law.

Contact Person to Correct Deficiencies:

Name:

Residence
Address:

Phone: Fax:

I hereby authorize that notice of any determination made by the Board of Elections be transmitted to the person named above:

Candidate or Agent

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POLL WATCHER CERTIFICATE

(FOR USE ON ELECTION DAY)
Section 8-500, Election Law

I/We, the undersigned, being _____, do hereby
(Chair / Candidate)
Appoint _____ who is a qualified voter in the Village
(Watcher's name)
of Port Chester in the County of Westchester, State of New York to be a watcher
for the election to be held on March 19, 2019 in the _____ election
(Election District Number)
district, in the Village of Port Chester, County of Westchester, State of New York.

Signature

Title:

POLL WATCHER CERTIFICATE

(FOR USE ON ELECTION DAY)
Section 8-500, Election Law

I/We, the undersigned, being _____, do hereby
(Chair / Candidate)
Appoint _____ who is a qualified voter in the Village
(Watcher's name)
of Port Chester in the County of Westchester, State of New York to be a watcher
for the election to be held on March 19, 2019 in the _____ election
(Election District Number)
district, in the Village of Port Chester, County of Westchester, State of New York.

Signature

Title:

POLL WATCHER CERTIFICATE

(FOR USE ON ELECTION DAY)
Section 8-500, Election Law

I/We, the undersigned, being _____, do hereby
(Chair / Candidate)
Appoint _____ who is a qualified voter in the Village
(Watcher's name)
of Port Chester in the County of Westchester, State of New York to be a watcher
for the election to be held on March 19, 2019 in the _____ election
(Election District Number)
district, in the Village of Port Chester, County of Westchester, State of New York.

Signature

Title:

Guidelines

- Watchers shall be appointed by the chair of any party committee or independent body whose candidates appear on the ballot or any two or more candidates in a primary election.
- Each watcher must be a qualified voter of the city or county in which he/she is to serve.
- Watcher certificates must be delivered to an inspector at the election district.
- Not more than three watchers for any party committee or independent body or candidates whose names appear on the ballot may be appointed to serve at the same election district.
- Watchers may be present at the polling place at least fifteen minutes before the unlocking and examinations of any voting machine or ballot box at the opening of the polls, until after the signing of the inspectors' returns and proclamation of the result.
- Not more than one watcher appointed by each party committee or independent body or candidates whose names appear on the ballot may be within the guardrail at any one time.

Guidelines

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COMMITTEE REGISTRATION

TREASURER AND BANK INFORMATION

NEW YORK STATE BOARD OF ELECTIONS

Section 14-118 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

- [] New Registration [] Amended Registration* (provide Filer ID#): _____
- [] For State Campaign [] For Local Campaign (provide County): _____

* For sections being amended, also check applicable box(es) on the left and complete the form in full.

[] **A. COMMITTEE NAME:** _____

For Acronyms (see instructions): _____

[] **B. COMMITTEE TYPE** (see instructions): _____

[] **C. TREASURER:** _____

Full Name _____

Residential Address (no P.O. Box) _____

Mailing Address (P.O. Box allowed) _____

Social Security Number ____/____/____ E-mail Address _____

Telephone: Home _____ Business _____ Cell _____

[] **D. DEPOSITORY/BANK:** _____

Name _____

Address _____

[] **E. CANDIDATE(S) TO BE SUPPORTED OR OPPOSED** (Attach additional sheets if necessary):

	ELECTION YEAR	OFFICE/DISTRICT	CANDIDATE FULL NAME	SUPPORT/OPPOSE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

[] **F. BALLOT ISSUE(S)** (Attach additional sheets if necessary): **SUPPORT/OPPOSE**

1.	_____	_____
2.	_____	_____

[] **G. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS:**

	1.	2.
Full Name	_____	_____
Res. Address	_____	_____
Phone Number	_____	_____
Signature	_____	_____

The above information is true to the best of my knowledge and belief

Signature of Treasurer

Date

FORM CF-02 INSTRUCTIONS

A POLITICAL COMMITTEE MUST:

- File this form within five days of choosing a treasurer and depository **and** prior to receiving or expending any funds.
- Complete this form and provide original signature(s) in ink. Copies of signatures, including those on faxes, PDFs or other electronic files are not acceptable.
- File this form at each appropriate board of elections where the candidates, committees and/or ballot proposition(s) being supported or opposed by your committee are required to file their campaign financial disclosure reports.

New Registration: If registering a new committee, check this box. A Filer ID# may be assigned to the committee by the board of elections where you are filing this form, and should be used on all documents and correspondence to the appropriate board(s).

Amended Registration: For an existing committee if any information previously filed has changed, other than the election year, check this box. A fully completed amended registration must be filed within two days of any change. Provide Filer ID# that was assigned by the board of elections where this form was originally filed. State and county boards of elections Filer ID#s may be different.

For State Campaign: For committees supporting or opposing candidates for New York State Governor, Lt. Governor, State Comptroller, State Attorney General, State Senate, State Assembly and State Supreme Court, as well as those supporting or opposing statewide ballot propositions, check this box. These committees must file this form and the required financial disclosure reports with the New York State Board of Elections (NYSBOE).

For Local Campaign: For all other offices and local ballot propositions, check this box and list the county name where the local office is being sought or the ballot proposition is appearing. Committees supporting or opposing such candidates or ballot propositions must file with the appropriate local board of elections or village clerk where the village clerk runs the election. Any committee that files with a local board of elections and that raises or spends or expects to raise or spend more than \$1,000 in a calendar year must also file an original of this form and the required financial disclosure reports with the NYSBOE.

Candidates should not file this form unless they are the treasurer of the committee in question. Candidates filing their own campaign financial disclosure reports should contact the appropriate board(s) of elections to obtain Filer ID#s and PINs, where applicable.

Item A: Enter the name of the committee. If an acronym is used in the name of the committee (e.g. "NYSBOE" = "New York State Board of Elections"), please also spell out the acronym in the space provided.

Item B: Committee Type: Select one of the following types (Consult the NYSBOE Campaign Finance Handbook or www.elections.state.ny.us for clarification):

1	Authorized Single Candidate Committee*	6	Party State Committee
2	Political Action Committee (PAC)	6H	Party State Housekeeping Committee
3	Constituted County Committee	7	Duly Constituted Sub-Committee of a County Committee**
3H	Constituted County Housekeeping Committee	7H	Duly Constituted Sub-Committee of a County Committee-Housekeeping**
4	Party County Committee	9	Others (e.g. Multi-Candidate Committee or Unauthorized Committees)
4H	Party County Housekeeping Committee	9B	Ballot Issue
5	Constituted State Committee		
5H	Constituted State Housekeeping Committee		

* The candidate has affirmatively acknowledged that the committee will be raising and spending money on his/her behalf (e.g. Friends of John Doe).

** For committee types 7 and 7H, indicate political subdivision by adding T for Town, C for City, V for Village (e.g. 7T or 7HT). For the City of New York also include the Assembly District number.

Item C: Social Security number is optional.

Item D: Your account must be opened at a banking organization authorized to do business in New York State. The branch where the account is opened and held must be physically located in New York State.

Items E & F: These sections should only be completed by committees that engage in campaign activity in support of or in opposition to a candidate or ballot issue. It should not be completed by a committee that only makes contributions to candidates or their committees (e.g. PACs). **Note:** A **Committee Authorization Status** form (CF-03) must be filed for all candidates listed in Section E.

CF-03

COMMITTEE AUTHORIZATION STATUS

NEW YORK STATE BOARD OF ELECTIONS

Section 14-112 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

Please check one: ☐ New Form ☐ Amended Form (provide Filer ID#): _____

NAME OF COMMITTEE: _____

For Acronyms (see instructions): _____

- A. List in this section those candidates who **have authorized** your committee to aid or take part in their election or nomination (other than by making contributions). Provide name, office and district. (Attach additional sheets if necessary.)

1. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

Candidate's Address: _____

2. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

Candidate's Address: _____

3. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

Candidate's Address: _____

- B. List those candidates for whom your committee is aiding or taking part in their election or nomination (other than by making contributions) but who **have not authorized** your committee to do so. (Attach additional sheets if necessary.)

1. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

2. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

3. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

VERIFICATION STATEMENT BY TREASURER

I _____, being duly sworn, depose and say that the information provided
(Print Full Name of Treasurer) on this form is complete, true and correct.

Sworn to before me this _____ day

Signature of Committee Treasurer

of _____, 20 ____

Residential Address

(Notary Public or Commissioner of Deeds)

Contact Phone Number

FORM CF-03 INSTRUCTIONS

This form must contain original signature(s) in ink and be notarized or subscribed to. Copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable.

- All committees that are taking part in the campaign of any candidate by making direct expenditures on the candidate's behalf must complete this form. It should be filed together with the Committee Registration/Treasurer and Bank Information form (CF-02).
- Enter the name of the committee. If an acronym is used in the name of the committee (e.g. "NYSBOE" = "New York State Board of Elections"), please also spell out the acronym in the space provided.

Section A: List candidate(s), including residential address(es), who have authorized you to be a committee for their campaign. This means the candidate(s) have affirmatively acknowledged to you that your committee is authorized to aid or take part in their campaign, which includes raising and spending money on their behalf. The **authorization is determined by the candidate(s), not the committee.** The mere fact that the candidate (s) know that your committee is conducting activity relative to their campaign does not constitute authorization.

Note: The candidate(s) listed in this section may need to file the Candidate's Authorization for a Committee to Make Campaign Financial Disclosures form (CF-16). See form CF-16 for clarification.

Section B: List candidate(s) who have **not authorized** your committee to aid or take part in their campaign as explained above. Residential address(es) are not required.

- If your committee aids or takes part in the election or nomination of candidates **only by making contributions** and does not otherwise aid or take part in their campaign through direct expenditures, then you **do not** file this form (e.g. PAC's do not file this form).
- This form is required to be filed prior to the first election to which it relates and will remain in effect for each subsequent election. However, if any information provided on this form changes, other than the year of election, then you must file an amended form.

CF-16

**CANDIDATE'S AUTHORIZATION FOR A COMMITTEE
TO MAKE CAMPAIGN FINANCIAL DISCLOSURES**

NEW YORK STATE BOARD OF ELECTIONS
Section 14-104 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

[] New Form

[] Amended Form

OFFICE: _____ **DISTRICT:** _____

CANDIDATE'S FULL NAME: _____

CANDIDATE'S ADDRESS:

Residential (no P.O. Box) _____

Mailing (P.O. Box allowed) _____

CANDIDATE'S COUNTY: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____ **E-MAIL ADDRESS:** _____

TELEPHONE:

Home _____ Business _____ Cell _____

I SWEAR OR AFFIRM THAT:

- 1) I am a candidate for the office as stated above, and
- 2) All financial activity related to my campaign, including my own, will be disclosed by an authorized committee, which will file on my behalf.

NAME OF AUTHORIZED COMMITTEE: _____

TREASURER'S NAME: _____

TREASURER'S RESIDENTIAL ADDRESS: _____

Sworn to before me, this _____ day
of _____, 20_____

(Notary Public or Commissioner of Deeds)

(Signature of Candidate)

FORM CF-16 INSTRUCTIONS

This form must contain original signatures in ink and be notarized or subscribed to.
Copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable.

CANDIDATES FOR PUBLIC OFFICE OR PARTY POSITION MAY BE REQUIRED TO FILE THIS FORM.

FILE THIS FORM IF:

You are a candidate with an authorized committee that will make all of the candidate's required campaign financial disclosure filings. These filings would include all the financial activity of the campaign, including the financial activity of the candidate.

DO NOT FILE THIS FORM IF:

- 1) You are a candidate with an authorized committee and you have additional financial activity not reported by your committee: Candidates with an authorized committee that have, or plan on having, any financial activity that will not be disclosed by the committee are required to disclose this other financial activity by filing financial disclosure reports on the required filing dates. These reports would be in addition to the committee's reports.
- 2) You are a candidate without a committee: Candidates that do not have an authorized committee are required to disclose all the financial activity of the campaign by filing disclosure reports on the required filing dates.

WHEN COMPLETING THIS FORM, THE CANDIDATE MUST:

- Provide the office sought, district # (if applicable), candidate's full name, residential address (no P.O. Boxes allowed), county, and telephone number(s).
- Provide an original signature (copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable).
- Have this form notarized, or subscribed to by a commissioner of deeds.
- File this form at least 32 days prior to the first election to which it relates.
- Provide additional sheets if this form does not provide enough spaces for the candidate information.
- File an amended CF-16 any time information on the original form changes, other than an election year.

Note: The optional mailing address may include a P.O. Box . E-mail address, Social Security number, cell and business telephone numbers are optional.

WHERE TO FILE THIS FORM:

- Candidates for statewide office, NYS Senate/Assembly, Supreme Court Justice, and certain party offices: File this form with the New York State Board of Elections (NYSBOE).
 - Local candidates (all other offices/party positions): File this form with the applicable city or county board of elections. In addition, file an original of this form with NYSBOE if your authorized committee plans to raise or spend more than \$1,000 in a calendar year.
 - Village candidates: File this form with the village clerk unless the county board is running the village election. If so, file with the county board of elections, and also file an original of this form with NYSBOE if your authorized committee plans to raise or spend more than \$1,000 in a calendar year.
-

ADDITIONAL INFORMATION:

- If the committee named by the candidate on this form (1) does not register by filing the CF-02 form, and (2) does not then file the required disclosure reports, the candidate will be responsible for filing the reports.
- The committee identified on this form must file the CF-03 form in order to complete the authorization process.

STATE OF NEW YORK
BOARD OF ELECTIONS DISCLOSURE STATEMENT ---- COVER PAGE

ELECTION YEAR	FILER ID	STATEMENT NUMBER FROM BELOW**	STATEMENT PERIOD DATES FROM / / TO / /	DATE FILED (FOR BOARD USE ONLY)
----------------------	-----------------	--------------------------------------	---	--

IDENTIFICATION

YOU MUST TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK

Full name of filer (candidate or committee name)

Mailing address of filer - number and street

City State Zip

Check box if mailing address has changed since last report

☐ [file amended CF-02, CF-03, CF-16 as necessary]

Committee treasurer name (Last) (First)

Is this committee authorized by the candidate? ☐ Yes ☐ No

OFFICE/DISTRICT/CANDIDATE BEING SUPPORTED

STATEMENT IS BEING FILED BY:

- | | |
|--|--|
| <input type="checkbox"/> Candidate | <input type="checkbox"/> Political Committee * |
| <input type="checkbox"/> Party Committee | <input type="checkbox"/> Constituted Committee |
| <input type="checkbox"/> Housekeeping Account
(For Party/Constituted Committees only) | <input type="checkbox"/> PAC |

* For Authorized or Unauthorized single or multi-candidate committee and for Ballot Issues.

TYPE OF REPORT

****CHECK ONE BOX AND INDICATE STATEMENT NUMBER ABOVE**

- | | |
|--|---|
| 1. <input type="checkbox"/> 32 day Pre Primary | 7. <input type="checkbox"/> 32 day Pre Special |
| 2. <input type="checkbox"/> 11 day Pre Primary | 8. <input type="checkbox"/> 11 day Pre Special |
| 3. <input type="checkbox"/> 10 day Post Primary*** | 9. <input type="checkbox"/> 27 day Post Special*** |
| 4. <input type="checkbox"/> 32 day Pre General | 10. <input type="checkbox"/> Periodic Jan. 15, 20__ |
| 5. <input type="checkbox"/> 11 day Pre General | 11. <input type="checkbox"/> Periodic July 15, 20__ |
| 6. <input type="checkbox"/> 27 day Post General*** | 12. <input type="checkbox"/> 24 hour notice |
| | 13. <input type="checkbox"/> Off-Cycle |

*** Campaign material or a disclaimer must be submitted with Post Election statements.

☐ See Attached ☐ No Campaign Material Produced

☐ Termination Report (you can not terminate if any funds or debts remain)

☐ Amendment Report Date of original report ____ / ____ / ____

☐ Treasurer Resignation Report: Copy of letter of resignation attached.

I state that the information contained in this statement is in all respects true and complete to the best of my knowledge, information and belief.

VERIFICATION

Name - Print or type

Signature (must be original in blue or black ink only.)

Title

Date Signed

Phone number

ANY FALSE INFORMATION IN THIS STATEMENT MAY BE A CLASS A MISDEMEANOR, PUNISHABLE BY A FINE AND/OR UP TO ONE YEAR IMPRISONMENT, PURSUANT TO SECTION 210.45 OF THE PENAL LAW. FOR FURTHER INFORMATION, CONTACT THE NEW YORK STATE BOARD OF ELECTIONS OR YOUR COUNTY BOARD OF ELECTIONS.

STATEMENT INVENTORY

Number of
Pages
Amended Schedules

Individuals/Partnership Contributions	(Sch. A)		
Corporate Contributions	(Sch. B)		
All Other Contributions	(Sch. C)		
In-Kind Contributions/Other Receipts	(Sch. D/E)		
Expenditure Payments	(Sch. F)		
Transfers In/Out	(Sch. G/H)		
Loans Received/Paid	(Sch. I/J)		
Liabilities/Loans Forgiven	(Sch. K)		
Expenditures Refunds/Contributions Refunded	(Sch. L/M)		
Outstanding Liabilities	(Sch. N)		
Partners/Subcontracts	(Sch. O)		
Housekeeping Receipts	(Sch. P)		
Housekeeping Expenses	(Sch. Q)		
Summary/Status Report			

IN-LIEU-OF STATEMENT

☐ I state that I am a candidate or a treasurer of an authorized committee which supports only one candidate, and at the close of this reporting period neither the total receipts nor the total expenditures of this campaign have exceeded one thousand dollars.

Note: Once you file an itemized statement, you cannot file an In-Lieu-Of Statement for any future reports.

MONETARY CONTRIBUTIONS/Individual & Partnerships Schedule A

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /			PAGE ____ OF ____
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
			TOTAL THIS PAGE	\$	

CODE:

CAN = CANDIDATE/CANDIDATE SPOUSE

IND = INDIVIDUAL

FAM = FAMILY MEMBER: SEE INSTRUCTIONS

PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total, must further define in Schedule O.

Complete this summary on your last page only!

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

MONETARY CONTRIBUTIONS/Corporate Schedule B

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE ____ OF ____	
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
TOTAL THIS PAGE			\$	

Complete this summary
on your last page only!

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

MONETARY CONTRIBUTIONS/All Other Schedule C

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES			PAGE
		FROM / / TO / /			____ OF ____
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
TOTAL THIS PAGE				\$	

Complete this summary
on your last page only!

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

IN-KIND CONTRIBUTIONS Schedule D

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE ____ OF ____
DATE RECEIVED	NAME	TYPE CODE:	
	STREET	APT	\$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION
DATE RECEIVED	NAME	TYPE CODE:	
	STREET	APT	\$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION
DATE RECEIVED	NAME	TYPE CODE:	
	STREET	APT	\$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION
DATE RECEIVED	NAME	TYPE CODE:	
	STREET	APT	\$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION

CONTRIBUTOR CODE:

CAN = CANDIDATE/ CANDIDATE SPOUSE

FAM = FAMILY MEMBERS (SEE INSTRUCTIONS)

CORP = CORPORATE

IND = INDIVIDUAL

PART = PARTNERSHIP

COM = COMMITTEE

CONTRIBUTION TYPE CODE:

1 = SERVICES/FACILITIES PROVIDED

2 = PROPERTY GIVEN

3 = CAMPAIGN EXPENSES PAID

TOTAL THIS PAGE	\$
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS	\$
SCHEDULE TOTAL LAST PAGE ONLY	\$

OTHER RECEIPTS Schedule E

DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET		\$
	CITY - STATE		ZIP
DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET		\$
	CITY - STATE		ZIP
DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET		\$
	CITY - STATE		ZIP
DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET		\$
	CITY - STATE		ZIP

TOTAL THIS PAGE	\$
TOTAL ITEMIZED RECEIPTS	\$
TOTAL UNITEMIZED RECEIPTS	\$
SCHEDULE TOTAL LAST PAGE ONLY	\$

EXPENDITURE/PAYMENTS Schedule F

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		OF
		DO NOT report Transfers Out:		
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
TOTAL THIS PAGE				\$

Expenditure Purpose Codes			
CMAIL	Campaign Mailings	POLLS	Polling Costs
CONSL	Campaign Consultant *	POSTA	Postage
CONSV	Constituent Services	PRINT	Print Ads
CNTRB	Political Contributions	PROFL	Professional Services *
FUNDR	Fundraising	RADIO	Radio Ads
LITER	Campaign Literature	RENTO	Office Rent
OFFCE	Office Expenses	TVADS	Television Ads
OTHER	Other: Must Provide Explanation	VOTER	Voter Registration Materials or Services
PETIT	Petition Expenses	WAGES	Campaign Workers' Salaries
INT	Interest Expense		

Complete this summary
on your last page only!

①	TOTAL ITEMIZED EXPENDITURES	\$
②	TOTAL UNITEMIZED EXPENDITURES	\$
③	Schedule Total	\$

* Sub Contractors must be further defined in Schedule O – See Instructions

**Receipts from Party Committee and other committees
authorized solely for this candidate**

(TRANSFERS IN) Schedule G

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ____ OF ____
---------------	----------	--	--	----------------------

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

TYPE 1 – Party/Constituted Committees TYPE 2 – Committee Solely Supporting Same Candidate	NOTE: DO NOT REPORT FUNDS RECEIVED FROM INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE RECEIPTS MUST BE REPORTED AS A CONTRIBUTION ON SCHEDULE C.
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TOTAL THIS PAGE	\$
SCHEDULE TOTAL Last Page Only	\$

**Payments to Party Committee and other committees
authorized solely for this candidate**

(TRANSFERS OUT) Schedule H

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

TYPE 1 – Party/Constituted Committees TYPE 2 – Committee Solely Supporting Same Candidate	NOTE: DO NOT REPORT FUNDS PAID TO INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE PAYMENTS MUST BE REPORTED AS A PAYMENT ON SCHEDULE F.
---	--

TOTAL THIS PAGE	\$
SCHEDULE TOTAL Last Page Only	\$

LOANS RECEIVED Schedule I

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES	PAGE
		FROM / / TO / /	____ OF ____
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
List any loans received during the reporting period. When submitting this schedule to the Board of Elections, a copy of the evidence of indebtedness for each loan must be attached to the statement. If the loan was received from a lending institution, the evidence of indebtedness must include the name and address of any obligor of the loan, or any other person who endorses, co-signs, or otherwise provides security for such loan.			TOTAL THIS PAGE \$
			SCHEDULE TOTAL Last Page Only \$

LOAN REPAYMENTS Schedule J

ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
TOTAL THIS PAGE			\$
SCHEDULE TOTAL Last Page Only			\$

LIABILITIES/LOANS FORGIVEN Schedule K

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE ____ OF ____
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DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET _____ APT _____		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE _____ ZIP _____		

COPY OF EVIDENCE FROM VENDOR/LENDER INDICATING FORGIVENESS MUST BE ATTACHED.

TOTAL THIS PAGE	\$
SCHEDULE TOTAL (LAST PAGE ONLY)	\$

EXPENDITURE REFUNDS Schedule L

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		____ OF ____
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
TOTAL THIS PAGE				\$
SCHEDULE TOTAL LAST PAGE ONLY				

CONTRIBUTIONS REFUNDED Schedule M

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
TOTAL THIS PAGE				\$
SCHEDULE TOTAL Last page only				\$

OUTSTANDING LIABILITIES/LOANS Schedule N

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
---------------	----------	---	------------

DATE	NAME	Total Orig. Amt. [] Liability [] Loan \$	Purpose Code Explain:	Liability Amount Outstanding \$	Loan Amount Outstanding \$	
	STREET					APT
	CITY - STATE					ZIP
== CURRENT == PRIOR						
DATE	NAME	Total Orig. Amt. [] Liability [] Loan \$	Purpose Code Explain:	Liability Amount Outstanding \$	Loan Amount Outstanding \$	
	STREET					APT
	CITY - STATE					ZIP
== CURRENT == PRIOR						

TOTAL THIS PAGE

SCHEDULE TOTAL

Purpose of Liability/Loan Codes

CMAIL Campaign Mailings CONSL Campaign Consultant CONSV Constituent Services FUNDR Fundraising LITER Campaign Literature LOAN Loans OFFCE Office Expenses OTHER Other: Must Provide Explanation PETIT Petition Expenses	POLLS Polling Costs POSTA Postage PRINT Print Ads PROFL Professional Services RADIO Radio Ads RENTA Office Rent TVADS Television Ads VOTER Voter Registration Materials or Services WAGES Campaign Workers' Salaries
--	---

PARTNERS SUBCONTRACTS Schedule O

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES			PAGE
		FROM / / TO / /			OF

AMT OF CONTRIBUTION \$	PARTNERSHIP NAME <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">DATE RECEIVED</div> <div style="width: 40%;">STREET</div> <div style="width: 20%;">APT</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">CITY - STATE</div> <div style="width: 20%;">ZIP</div> </div>	PAYEE NAME <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">STREET</div> <div style="width: 20%;">APT</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">CITY - STATE</div> <div style="width: 20%;">ZIP</div> </div>
-------------------------------	---	--

PARTNER NAME					PROVIDER OF FINISHED GOODS/SERVICES:				
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED			
STREET		APT	\$	\$	STREET		\$		
CITY / STATE		ZIP			CITY / STATE		ZIP		CODE
					<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>				
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED			
STREET		APT	\$	\$	STREET		\$		
CITY / STATE		ZIP			CITY / STATE		ZIP		CODE
					<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>				
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED			
STREET		APT	\$	\$	STREET		\$		
CITY / STATE		ZIP			CITY / STATE		ZIP		CODE
					<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>				
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED			
STREET		APT	\$	\$	STREET		\$		
CITY / STATE		ZIP			CITY / STATE		ZIP		CODE
					<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>				
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED			
STREET		APT	\$	\$	STREET		\$		
CITY / STATE		ZIP			CITY / STATE		ZIP		CODE
					<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>				
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED			
STREET		APT	\$	\$	STREET		\$		
CITY / STATE		ZIP			CITY / STATE		ZIP		CODE
					<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>				
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED			
STREET		APT	\$	\$	STREET		\$		
CITY / STATE		ZIP			CITY / STATE		ZIP		CODE
					<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>				
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED			
STREET		APT	\$	\$	STREET		\$		
CITY / STATE		ZIP			CITY / STATE		ZIP		CODE
					<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>				

	TOTAL AMOUNT ATTRIBUTED	A		A	
	TOTAL AMOUNT UNITEMIZED	B		B	
	TOTAL AMOUNT CONTRIBUTION	A+B		A+B	

PLEASE USE “PURPOSE CODES” FOUND ON SCHEDULE F or N

*** NON CAMPAIGN HOUSEKEEPING RECEIPTS Schedule P**

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATE		PAGE
		FROM / / TO / /		____ OF ____
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP		
			\$	\$
			TOTAL THIS PAGE	\$

CODE:

IND = INDIVIDUAL

CORP = CORPORATE

PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total, must further define in Schedule O.

COMM = POLITICAL COMMITTEE

**Complete this summary
on your last page only!**

* This schedule to be used only by party or constituted committee.

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

* NON-CAMPAIGN HOUSEKEEPING EXPENSES Schedule Q

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ____ OF ____
			DO NOT report Transfers Out:	
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
TOTAL THIS PAGE				\$

Expenditure Purpose Codes (use on Schedule Q only)

- RENTO Office Rent
- UTILS Utilities
- PAYRL Payroll
- POSTA Postage
- PROFL Professional Services
- OFEXP Office Expenses
- MAILS Mailings
- OTHER Other: Provide Explanation
- VOTER Voter Registration Materials or Services

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED EXPENDITURES	\$
②	TOTAL UNITEMIZED EXPENDITURES	\$
③	Schedule Total	\$

* This schedule to be used only by party or constituted committee.

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		
		FROM / / TO / /		

SUMMARY OF RECEIPTS / EXPENDITURES

1. **OPENING BALANCE** - must be the same as line 7 of your previous report \$ _____

2. CONTRIBUTIONS

2a) SCHEDULE A - Individuals - total..... \$ _____

2b) SCHEDULE B - Corporations - total..... \$ _____

2c) SCHEDULE C - Other - total..... \$ _____

2d) SCHEDULE D - In-kind - total..... \$ _____

2e) Total Contributions (add 2a through 2d).....\$ _____

3. MISCELLANEOUS RECEIPTS

3a) SCHEDULE E - Other receipts - total.....\$ _____

3b) SCHEDULE G - transfers in - total.....\$ _____

3c) SCHEDULE I - loans received - total.....\$ _____

3d) SCHEDULE L - Expenditure refunds - total.....\$ _____

3e) SCHEDULE P - Housekeeping receipts - total.....\$ _____

3f) Total Miscellaneous Receipts (add 3a through 3e).....\$ _____

4. **TOTAL RECEIPTS THIS PERIOD (add 2e and 3f)**.....\$ _____

5. **TOTAL (add line 1 and line 4)**.....\$ _____

6. EXPENSES

6a) Schedule F - Disbursements - total.....\$ _____

6b) Schedule D total..(offset).....\$ _____

6c) Schedule H - Transfers out - total..... \$ _____

6d) Schedule J - Loans repaid - total.....\$ _____

6e) Schedule M - Contribution refunds - total.....\$ _____

6f) Schedule Q - Housekeeping expenses - total.....\$ _____

6g) TOTAL Expenses this period (add 6a through 6f).....\$ _____

7. **BALANCE AT END OF PERIOD (subtract line 6g from line 5)**.....\$ _____

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		
		FROM / / TO / /		

STATUS REPORT

8. STATUS OF CONTRIBUTIONS

8a) Contributions received, from line 8e of your previous report * \$ _____

8b) Contributions received this period, line 2e \$ _____

8c) TOTAL, line 8a plus 8b \$ _____

8d) Contributions refunded, from this summary, line 6e \$ _____

8e) TOTAL contributions to date (line 8c minus 8d) \$ _____

*This figure will be 0 (zero) if this is the first report of a new campaign.

9. STATUS OF CAMPAIGN EXPENSES

9a) Campaign expenses paid, from line 9f of your previous report* \$ _____

9b) Campaign expenses this period, line 6a \$ _____

9c) In-Kind offset, Schedule D total \$ _____

9d) TOTAL add lines 9a through 9c \$ _____

9e) Refunds of campaign expenses, from this summary, line 3d \$ _____

9f) SUB-TOTAL campaign expenses to date (line 9d minus 9e) \$ _____

9g) Outstanding liabilities (Schedule N total, excluding loans) \$ _____

9h) Total Campaign Expenses to date (line 9f plus line 9g) \$ _____

*This figure will be 0 (zero) if this is the first report of a new campaign.

9i) EXPENSE ALLOCATION SECTION (Schedule R of Electronic filing)

(See instructions for 9i on page 59.)

Candidate name	Office/District	Election Year	\$ Amount

TOTAL AMOUNT ALLOCATED (please use additional pages if necessary) \$ _____

10. STATUS OF LOANS MADE

10a) Loans made to date, from line 10f of your previous report \$ _____

10b) Loans made this period, from your records \$ _____

10c) TOTAL, line 10a plus 10b \$ _____

10d) Amounts included in 10c above, which were repaid this period \$ _____

10e) Amounts included in 10c above, which were forgiven this period \$ _____

10f) Balance of loans made to date (line 10c minus 10d and 10e) \$ _____

11. STATUS OF HOUSEKEEPING RECEIPTS

11a) Housekeeping receipts ONLY, from line 11c of your previous report \$ _____

11b) Housekeeping receipts this period, from this summary, line 3e \$ _____

11c) TOTAL housekeeping receipts to date, (line 11a plus 11b) \$ _____

12. STATUS OF HOUSEKEEPING EXPENSES

12a) Housekeeping expenses ONLY, from line 12c of your previous report \$ _____

12b) Housekeeping expenses this period, from this summary, line 6f \$ _____

12c) TOTAL housekeeping expenses to date (line 12a plus 12b) \$ _____



RUNNING FOR ELECTIVE OFFICE IN NEW YORK STATE

PREPARED BY:

NEW YORK STATE BOARD OF ELECTIONS
40 NORTH PEARL STREET – SUITE 5
ALBANY, NEW YORK 12207
(518) 474-6220

WWW.ELECTIONS.NY.GOV

RUNNING FOR ELECTIVE OFFICE
IN NEW YORK STATE

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<p>NOTE: Please refer to the official Political Calendar of the New York State Board of Elections for all filing dates.</p>
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This packet has been prepared as an aid to those persons preparing to run for public office or party position. Additional information may be obtained by calling the New York State Board of Elections at (518) 474-6220 or your county board of elections.

REQUIREMENTS TO HOLD FEDERAL AND STATE OFFICES

OFFICE	U.S. CITIZENSHIP	AGE	RESIDENCY	STATUTE
President of the United States	Born a Citizen	35 years	14 years in country	U.S. Constitution Art. II § 1
U.S. Senator	Citizen 9 years	30 years	Resident of State when elected	U.S. Constitution Art. I § 2
NYS Governor NYS Lt. Governor NYS Attorney General NYS Comptroller	Citizen	30 years	Resident of State 5 years immediately preceding election	NYS Constitution Art. IV § 2 and Art. V § 1
Representative in Congress	Citizen 7 years	25 years	Resident of State when elected	U.S. Constitution Art. I § 3
NYS Senator NYS Assembly	Citizen	18 years	Resident of state for 5 years and resident of district for 12 months immediately preceding election. (In a redistricting year, may be a resident of county for 12 months immediately preceding the election)	NYS Constitution Art. III § 7 Public Officers Law § 3

GENERAL INFORMATION ON PETITIONS

NOTE: The information contained here is intended to provide guidance for those who are preparing to circulate petitions, and is not to be used as a substitute for consulting the Election Law for specific petition requirements.

Persons wishing to run for elective office may be nominated either by a political party or through the filing of an independent nominating petition. Party members may also circulate petitions to create the opportunity to write in the name of an unspecified person for an office in which there is no contest for the party endorsement. The current political parties are; Democratic, Republican, Independence, Conservative and Working Families parties. Any person who is not nominated by one of these parties must file an independent nominating petition. The requirements for all petitions are contained in Article 6 of the New York State Election Law. The provisions for village elections vary slightly, and the reader is directed to Article 15 of the New York State Election Law for specifics.

PARTY NOMINATIONS

Party nomination of candidates for elective office is made at either a party caucus or at a primary election.

Caucuses

A caucus is an open meeting of a town or village's political party at which candidates are nominated for elective office. Only residents of the town or village who are enrolled members of the party may participate in the caucus. For further information on caucuses see, New York State Election Law § 6-108 (towns) and § 15-108 (villages).

Designating Petitions

If a party nominates its candidates through the primary election process, party designations for this primary are made on a designating petition. The New York State Election Law sets forth the form of this petition; § 6-132 (state, county and town offices) and § 15-108 (village offices). Only enrolled members of a party qualified to vote for an office may sign designating petitions of the party.

Nomination of Non-Party Members

Political parties may nominate a candidate who is not an enrolled member of the political party. Such parties must file a certificate of authorization, signed and acknowledged by the presiding officer and the secretary of the meeting at which the authorization is given. A certificate of authorization is not needed for nominations resulting from a caucus or for a candidate for a judicial office. Candidates not enrolled in the party nominating them must file an acceptance.

GENERAL INFORMATION ON PETITIONS

INDEPENDENT NOMINATIONS

To run for office on a line other than an official party line, one must file an independent nominating petition. The New York State Election Law sets forth the form of this petition; § 6-140 (state, county and town offices) and § 15-108 (village offices). Any registered voter who has not already signed a designating petition, and who is qualified to vote for an office, may sign an independent nominating petition for that office. For Village offices if you participated in a caucus, you cannot sign an independent nominating petition.

FORM OF PETITIONS

The statute requires that all petitions be substantially in the form set forth in the law. See New York State Election Law § 6-132 (party designating petitions), § 6-140 (independent nominating petitions) and § 15-108 (village designating and independent petitions). Deviations or slight rearrangements of the form of petition are not fatal defects, provided that the petition contains all of the required information.

Each sheet of the petition must correctly set forth:

- ▶ the date of the election;
- ▶ the name of the candidate and the office or position sought;
- ▶ the candidate's residence, and if different, their mailing or post office address;
- ▶ information about the signer: date of signing, voter's residence address, town or city; and,
- ▶ information relating to the person who witnesses the signatures.

A petition may include a committee on vacancies. Failure to provide such a committee, or naming a committee of fewer than three persons, will not invalidate the petition.

The voter need only sign the appropriate line on the petition sheet. All other information may be filled in by someone else. Corrections may be made to any information on the signature line. However, corrections or alterations in the date or signature MUST be initialed by the person making the correction.

Voters may not sign a petition for more candidates than there are openings for an office. For example, if there is one council seat open, then the voter may only sign one petition for a candidate for that office. If there are 2 seats open, the voter may sign petitions for 2 candidates.

The pages of a petition must be sequentially numbered and securely fastened.

GENERAL INFORMATION ON PETITIONS

WITNESSES TO A PETITION

Anyone who is qualified to sign a petition may witness a petition. The information required for the witness statement is mandatory. Omissions, errors, or unexplained alterations/corrections, may invalidate the entire page. When the witness signs the statement of witness, they are making an oath that subjects them to the penalties for perjury if any of the information preceding their signature is false. The information preceding the signature includes the name and residence of the witness; the number of signatures on the page; a statement that each person signed in their presence; and the date they are signing the statement. Witness identification information, which follows the witness's signature, may be completed by anyone, at any time before the petition is filed. This information includes the town or city, and the county of the witness's registration.

COVER SHEETS

If there are 10 or more pages in a petition, there must be a cover sheet. In New York City, and in other counties where identification numbers are used, only one cover sheet is required, regardless of the number of volumes in the petition. In all other instances, a multi-volume petition requires a cover sheet for each volume.

Cover sheets **must** contain the following information:

- ▶ Name, residence address, and mail address if different, of the candidate.
- ▶ The public office or party position sought.
- ▶ The name of the party or independent body making the nomination.
- ▶ A statement that the petition contains a number of signatures equal to or in excess of the number required by statute.
- ▶ The volume number OR identification number of that volume.
- ▶ The total number of volumes in each petition OR the identification number of each volume of the petition.

The following information is **optional**:

- ▶ The name, residence address, (and mailing address if different) telephone number, and fax number of the person designated to receive notice of deficiencies in binding or cover sheet requirements.

There are additional requirements if the petition contains candidates for county committee, and if there are different candidates on the several pages of the petition. Those requirements are contained in *Part 6215* of the rules and regulations of the State Board of Elections.

Pursuant to *Part 6215* of the rules and regulations of the State Board of Elections, the Board will provide notice of any correctable errors in cover sheet(s) and binding.

GENERAL INFORMATION ON PETITIONS

FILING OF PETITIONS, ACCEPTANCES, AUTHORIZATIONS, AND DECLINATIONS

All filings must be filed timely and filed in the proper manner at the appropriate board of elections. Pursuant to section 1-106(1) of the New York State Election Law, all papers are required to be filed between the hours of nine A.M. and five P.M. If the last day for filing shall fall on a Saturday, Sunday or legal holiday, the next business day shall become the last day for filing. All papers sent by mail in an envelope postmarked prior to midnight of the last day of filing shall be deemed timely filed and accepted for filing when received, **except** any documents that are required to be filed with the board of elections of the City of New York must be actually received by such city board of elections on or before midnight of the last day to file any such document. Failure to do so shall be a fatal defect.

No filings will be accepted by facsimile or e-mail.

Candidates must file a certificate of acceptance for nominations made by independent nominating petitions, or if they are named in a designating petition but are not enrolled members of that party. Neither an authorization nor an acceptance is required if the individual is a candidate for a judicial office. A declination must be filed should the candidate decide not to accept the designation or nomination.

OBJECTIONS

Every petition is presumed to be valid when filed, if, on its face, it appears to be in proper form and to contain enough signatures. However, a registered voter may challenge the validity of a petition. Written objections must be filed within 3 days after the petition is filed (1 day in a village election). Specifications of objections must be filed within 6 days of filing the general objections (2 days in a village election). For petitions filed with the State Board of Elections, objectors must deliver a copy of the specifications of objections to the candidate and file proof of such delivery with the State Board. For further details see Election Law § 6-154 and §15-108 and *Part 6204* of the rules and regulations of the State Board of Elections.

RUNNING FOR PRESIDENT

INDEPENDENT CANDIDATES

An independent candidate for president is someone who is running on a line other than an official party line. Petitions for independent candidates must include the names of the presidential and vice-presidential candidates, as well as the names of person(s) running for the electoral college. Each state is permitted to have one elector for each congressional district, plus two at-large electors.

Independent petitions for president must contain 15,000 signatures. At least 100 signatures must come from each of one-half of the congressional districts in the state. {Election Law §6-142(1)} Each candidate named in an independent petition for president is required to file an acknowledged acceptance of the nomination no later than the third day after the last day to file the petition. {Election Law §6-146(1)}

If there are 10 or more pages in a petition, there must be a cover sheet. A multi-volume petition requires a cover sheet for each volume. Cover sheets must contain the following information:

- ▶ Name, residence address, and mailing address if different, of the candidate.
- ▶ Office sought.
- ▶ Name and emblem of the independent body making the nomination.
- ▶ A statement that the petition contains a number of signatures equal to or in excess of the number required by statute.
- ▶ The volume number of that volume.
- ▶ The total number of volumes in the petition.

Additional information on cover sheets is contained in *Part 6215* of the rules and regulations of the State Board of Elections.

WRITE-IN CANDIDATES

To run as a write-in candidate for president, you are required to file a certificate of candidacy with the State Board of Elections no later than the third Tuesday prior to the general election. The certificate must be signed by the presidential candidate and must contain the following information:

- ▶ Name and address of the presidential candidate.
- ▶ Name and address of any vice-presidential candidate, and a signed certificate of acceptance from such candidate.
- ▶ Name and address of at least one elector, with an acceptance certificate and pledge of support signed by each such candidate for elector.

See Election Law §6-153 for further information.

PETITION SIGNATURE REQUIREMENTS

DESIGNATING AND OPPORTUNITY TO BALLOT PETITONS, (§6-136)

5% of the enrolled voters of the political unit (excluding voters in inactive status) or the following, whichever is **less**:

For any office to be filled by all the voters of:

the entire state (with at least 100 or 5% of enrolled voters from each of one-half of the congressional districts)	15,000
New York City	7,500
any county or borough of New York City	4,000
a municipal court district within New York City	1,500
any city council district within New York City	900
cities or counties having more than 250,000 inhabitants	2,000
cities or counties having more than 25,000 but not more than 250,000	1,000
any other city, county, councilmanic or county legislative district other than New York City	500
any congressional district	1,250
any state senatorial district	1,000
any assembly district	500

any political subdivision, except as herein provided, contained within another political subdivision, requirement is not to exceed the number required for the larger subdivision;

a political subdivision containing more than one assembly district, county or other political subdivision, requirement is not to exceed the aggregate of the signatures required for the subdivision or parts of subdivision so contained.

For Village offices refer to section 15-108 of the New York State Election Law.

**Any of the above numbers may be changed by legislation in any given year.
Check with the State or County Board of Elections for current requirements.**

PETITION SIGNATURE REQUIREMENTS

INDEPENDENT PETITIONS, (§6-142)

5% of the total number of votes, excluding blank and void, cast for the office of governor at the last gubernatorial election in such unit, except that not more than 3,500 signatures shall be required on a petition for any office to be filled in any political subdivision wholly outside the City of New York, and not more than the following for any office to be voted for by all the voters of:

the entire state (with at least 100 from each of one-half of the congressional districts)	15,000
any county or portion thereof outside the city of New York	1,500
New York City	7,500
any county or borough or any two counties or boroughs within the City of New York	4,000
any municipal court district	3,000
any city council district in New York City	2,700
any congressional district	3,500
any state senatorial district	3,000
any assembly district	1,500
the office of trustee of the Long Island Power Authority	500

any political subdivision, contained within another, except as provided otherwise herein, the number required is not to exceed the number required for the larger subdivision.

For Village offices refer to section 15-108 of the New York State Election Law.

**Any of the above numbers may be changed by legislation in any given year.
Check with the State or County Board of Elections for current requirements.**

For Samples of Village Election Petitions, refer to Section 15-108, Election Law

Designating Petition Sec. 6-132, ELECTION LAW

I, the undersigned, do hereby state that I am a duly enrolled voter of the _____ Party and entitled to vote at the next primary election of such party, to be held on _____, 20____; that my place of residence is truly stated opposite my signature hereto, and I do hereby designate the following named person (or persons) as a candidate (or candidates) for the nomination of such party for public office or for election to a party position of such party.

Name(s) of Candidate(s)	Public Office or Party Position	Place of Residence (also Post Office address if not identical)
-------------------------	---------------------------------	--

--	--	--

I do hereby appoint (here insert the names and addresses of at least three persons, all of whom shall be enrolled voters of said party),

--

as a committee to fill vacancies in accordance with the provisions of the election law.

IN WITNESS WHEREOF, I have hereunto set my hand, the day and year placed opposite my signature.

Date	Name of Signer (signature required) (printed name may be added)	Residence	Enter Town or City (Except in NYC enter County)
1. / / Printed Name	→		
2. / / Printed Name	→		
3. / / Printed Name	→		

(You may use fewer or more signature lines - this is only to show format.)

Complete ONE of the following

1) STATEMENT OF WITNESS

I, (name of witness) _____ state: I am a duly qualified voter of the State of New York and am an enrolled voter of the _____ Party.

I now reside at (residence address) _____.

Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) _____ signatures, subscribed the same in my presence on the dates above indicated and identified himself or herself to be the individual who signed this sheet.

I understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Signature of Witness

WITNESS IDENTIFICATION INFORMATION: The following information for the witness named above must be completed prior to filing with the board of elections in order for this petition to be valid.

Town or City _____

County _____

2) NOTARY PUBLIC OR COMMISSIONER OF DEEDS

On the dates above indicated before me personally came each of the voters whose signatures appear on this petition sheet containing (fill in number) _____ signatures, who signed same in my presence and who, being by me duly sworn, each for himself or herself, said that the foregoing statement made and subscribed by him or her was true.

Signature and Official Title of Officer Administering Oath

Independent Nominating Petition Sec. 6-140, ELECTION LAW

I, the undersigned, do hereby state that I am a registered voter of the political unit for which a nomination for public office is hereby being made, that my present place of residence is truly stated opposite my signature hereto, and that I do hereby nominate the following named person (or persons) as a candidate (or candidates) for election to public office (or public offices) to be voted for at the election to be held on the ____ day of _____, 20____, and that I select the name (fill in name) _____ as the name of the independent body making the nomination (or nominations) and (fill in emblem) _____ as the emblem of such body.

Name(s) of Candidate(s) Public Office or Party Position Place of Residence (also Post Office address if not identical)

--

I do hereby appoint (here insert the names and addresses of at least three persons, all of whom shall be registered voters within such political unit),

--

as a committee to fill vacancies in accordance with the provisions of the election law.

IN WITNESS WHEREOF, I have hereunto set my hand, the day and year placed opposite my signature.

Date	Name of Signer (signature required) (printed name may be added)	Residence	Enter Town or City (Except in NYC enter County)
1. / / Printed Name	→		
2. / / Printed Name	→		
3. / / Printed Name	→		

(You may use fewer or more signature lines - this is only to show format.)

Complete ONE of the following

1) STATEMENT OF WITNESS

I, (name of witness) _____ state: I am a duly qualified voter of the State of New York.

I now reside at (residence address) _____.

Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) _____ signatures, subscribed the same in my presence on the dates above indicated and identified himself or herself to be the individual who signed this sheet.

I understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Date Signature of Witness

WITNESS IDENTIFICATION INFORMATION: The following information for the witness named above must be completed prior to filing with the board of elections in order for this petition to be valid.

Town or City _____ County _____

2) NOTARY PUBLIC OR COMMISSIONER OF DEEDS

On the dates above indicated before me personally came each of the voters whose signatures appear on this petition sheet containing (fill in number) _____ signatures, who signed same in my presence and who, being by me duly sworn, each for himself or herself, said that the foregoing statement made and subscribed by him or her was true.

Date Signature and Official Title of Officer Administering Oath

Opportunity to Ballot Petition

Sec. 6-132 and 6-166, ELECTION LAW

I, the undersigned, do hereby state that I am a duly enrolled voter of the _____ Party and entitled to vote at the next primary election of such party, that my place of residence is truly stated opposite my signature hereto, and I do hereby request an opportunity to write in the name of an undesignated candidate or candidates for nomination to the public office or offices or for election to the party position or positions, in the political unit or units of representation hereinafter set forth, of such party to be voted on the _____ day of _____, 20____.

Public Office or Party Position

Political Unit or Unit of Representation

I do hereby appoint (here insert the names and addresses of at least three persons, all of whom shall be enrolled voters of said party),

as a committee to receive notices in accordance with the provisions of the election law.

IN WITNESS WHEREOF, I have hereunto set my hand, the day and year placed opposite my signature.

Date	Name of Signer (signature required) (printed name may be added)	Residence	Enter Town or City Except in NYC enter County
1. / / Printed Name	→		
2. / / Printed Name	→		
3. / / Printed Name	→		

(You may use fewer or more signature lines - this is only to show format.)

Complete ONE of the following

STATEMENT OF WITNESS

I, (name of witness) _____ state: I am a duly qualified voter of the State of New York and am an enrolled voter of the _____ Party.

I now reside at (residence address) _____.

Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) _____ signatures, subscribed the same in my presence on the dates above indicated and identified himself or herself to be the individual who signed this sheet.

I understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

_____ Date

_____ Signature of Witness

WITNESS IDENTIFICATION INFORMATION: The following information for the witness named above must be completed prior to filing with the board of elections in order for this petition to be valid.

Town or City _____

County _____

2) NOTARY PUBLIC OR COMMISSIONER OF DEEDS

On the dates above indicated before me personally came each of the voters whose signatures appear on this petition sheet containing (fill in number) _____ signatures, who signed same in my presence and who, being by me duly sworn, each for himself or herself, said that the foregoing statement made and subscribed by him or her was true.

_____ Date

_____ Signature and Official Title of Officer Administering Oath

SAMPLE COVER SHEET

Designating and Independent Petitions

[Place Name of Party or Independent Body Here]

Name of Candidate

Public Office or Party Position

Residence Address

(also mailing address if different)

Volume Number _____

Total Number of Volumes in Petition _____

The petition contains the number, or in excess of the number, of valid signatures required by the Election Law.

Contact Person to Correct Deficiencies:

Name: _____
(please type or print)

Residence
Address: _____

(also mailing address if different)

Phone: _____

Fax: _____
(include if notice by fax desired)

I hereby authorize that notice of any determination made by the Board of Elections be transmitted to the person named above.

Candidate or Agent

SAMPLE COVER SHEET

**Designating and Independent Petitions
Filed in New York City
and Counties which Utilize Petition Identification Numbering
Systems**

[Place Name of Party or Independent Body Here]

Name of Candidate

Public Office or Party Position

Residence Address

(also mailing address if different)

--

Total Number of Volumes in Petition _____

Identification Numbers _____

The petition contains the number, or in excess of the number, of valid signatures required by the Election Law.

Contact Person to Correct Deficiencies:

Name: _____
(please type or print)

Residence
Address: _____

(also mailing address if different)

Phone: _____

Fax: _____
(include if notice by fax desired)

I hereby authorize that notice of any determination made by the Board of Elections be transmitted to the person named above.

Candidate or Agent

CERTIFICATE OF ACCEPTANCE

(Section 6-146, Election Law)

I, _____, residing at
(Candidate's Name)

(Address)

having been designated/nominated by the _____ Party,
(Name of Party)

as a candidate for the office of _____,
(Title of Office and Political Subdivision)

_____ district, do hereby ACCEPT such designation/nomination
(District Number if any)

and consent to be such candidate of such party at a _____
(Special/Primary/General)

election to be held on _____, 20 _____.

(Date)

(Signature of Candidate)

State of New York :
County of _____ : ss:

On this _____ day of _____, 20_____, before me personally
appeared _____, to me known and known to me to be
the individual described therein, and who executed the foregoing instrument, and
acknowledged to me that he/she executed the same.

Notary Public

(SAMPLE PREPARED BY STATE BOARD OF ELECTIONS)

CERTIFICATE OF DECLINATION

(Section 6-146, Election Law)

I, _____, residing at
(Candidate's Name)

(Address)

having been designated/nominated by the _____ Party,
(Name of Party)

as a candidate for the office of _____,
(Title of Office and Political Subdivision)

_____ district, at a _____ election to be
(District Number if any) (Special/Primary/General)

to be held on _____, 20 _____, do hereby DECLINE such
(Date of Election)

designation/nomination.

(Date)

(Signature of Candidate)

State of New York :
County of _____ : ss:

On this _____ day of _____, 20_____, before me personally
appeared _____, to me known and known to me to be
the individual described therein, and who executed the foregoing instrument, and
acknowledged to me that he/she executed the same.

Notary Public

(SAMPLE PREPARED BY STATE BOARD OF ELECTIONS)

**CERTIFICATE OF SUBSTITUTION BY COMMITTEE TO FILL VACANCIES AFTER
DECLINATION, DEATH OR DISQUALIFICATION**

(Section 6-148, Election Law)

WHEREAS, there exists a vacancy in the designation/nomination for the office of _____
(title of office and political subdivision)

in the _____ district by the _____ Party caused by the
(district number, if any) (name of party)

declination/death/disqualification of _____.
(name of original candidate)

THEREFORE, WE, the undersigned, constituting a majority of the duly authorized Committee to Fill Vacancies, do hereby certify that we have designated/nominated the following person to fill the above mentioned vacancy:

Name of new candidate: _____

Place of residence: _____

DATED: _____

Signature of vacancy committee member

Signature of vacancy committee member

Signature of vacancy committee member

Signature of vacancy committee member

AFFIDAVIT

We, the undersigned, hereby affirm that we constituted a majority of the vacancy committee referred to in the above certificate and that the statements in such certificate are true:

Sworn to before me this

____ day of _____, 20 ____

Notary Public

CONSENT BY SUBSTITUTED CANDIDATE

I, _____ hereby accept the above designation/nomination of the
(name of substituted candidate)

____ Party, for the office of _____, _____
(name of party) (title of office & political subdivision) (district #, if any)

Signature of Candidate

On this ____ day of _____, 20 _____, before me personally appeared _____
to me known and known to me to be the individual described in, and who executed the foregoing instrument, and acknowledge to me that he/she executed the same.

Notary Public

SAMPLE PREPARED BY STATE BOARD OF ELECTIONS

CERTIFICATE OF CANDIDACY
FOR WRITE-IN PRESIDENTIAL CANDIDATE
(Section 6-153, Election Law)

This form shall be filed not later than the third Tuesday before the General Election.

I hereby give notice of my intent to be a write-in candidate in the State of New York, for the office President of the United States in the General Election to be held on _____.

Name of Presidential Write-In Candidate: _____

Address: _____

Signature of Presidential Write-In Candidate: _____

I have named the following person to be my Vice-Presidential candidate:

Name of Vice-Presidential Candidate: _____

Address: _____

CERTIFICATE OF ACCEPTANCE
OF VICE-PRESIDENTIAL CANDIDATE

I, _____, residing at _____
(name of Vice-Presidential candidate)

hereby accept being named as the Vice-Presidential candidate for _____
(name of Presidential Write-in Candidate)
at the General Election to be held on _____.

Signature of Vice-Presidential Candidate

NOTARY:

On this _____ day of _____, 20 _____, before me personally appeared _____
therein, and who executed the foregoing instrument, and acknowledged to me that
he/she executed the same.

Notary Public

**PLEASE ATTACH THE NAMES AND ADDRESSES OF THE CANDIDATES FOR ELECTORS
PLEDGED TO SUCH CANDIDATE FOR PRESIDENT, TOGETHER WITH A CERTIFICATE OF
ACCEPTANCE AND PLEDGE OF SUPPORT SIGNED BY EACH SUCH CANDIDATE FOR
ELECTOR.**

SAMPLE PREPARED BY STATE BOARD OF ELECTIONS (3-09)

WHERE TO FILE PETITIONS

PUBLIC OFFICE ONLY

CONGRESSIONAL DISTRICTS

- 1 - Suffolk Co. Board of Elections
- 2 & 3 - **State Board of Elections**
- 4 - Nassau Co. Board of Elections
- 5 - **State Board of Elections**
- 6 thru 15 - New York City Board of Elections
- 16 thru 24 - **State Board of Elections**
- 25 - Monroe Co. Board of Elections
- 26 & 27 - **State Board of Elections**

SENATORIAL DISTRICTS

- 1 thru 4 - Suffolk Co. Board of Elections
- 5 - **State Board of Elections**
- 6 & 7 - Nassau Co. Board of Elections
- 8 - **State Board of Elections**
- 9 - Nassau Co. Board of Elections
- 10 thru 33 - New York City Board of Elections
- 34 - **State Board of Elections**
- 35 - Westchester Co. Board Elections
- 36 - **State Board of Elections**
- 37 - Westchester Co. Board Elections
- 38 thru 55 - **State Board of Elections**
- 56 - Monroe Co. Board of Elections
- 57 thru 59 - **State Board of Elections**
- 60 - Erie Co. Board of Elections
- 61 & 62 - **State Board of Elections**
- 63 - Erie Co. Board of Elections

ASSEMBLY DISTRICTS

- 1 thru 8 - Suffolk Co. Board of Elections
- 9 - **State Board of Elections**
- 10 thru 12 - Suffolk Co. Board of Elections
- 13 thru 22 - Nassau Co. Board of Elections
- 23 thru 87 - New York City Board of Elections
- 88 thru 93 - Westchester Board of Elections
- 94 & 95 - **State Board of Elections**
- 96 & 97 - Rockland Board of Elections
- 98 thru 104 - **State Board of Elections**
- 105 - Dutchess Co. Board of Elections
- 106 thru 108 - **State Board of Elections**
- 109 - Albany Co. Board of Elections
- 110 thru 122 - **State Board of Elections**
- 123 - Broome Co. Board of Elections
- 124 thru 126 - **State Board of Elections**
- 127 thru 129 - Onondaga Board of Elections
- 130 thru 133 - **State Board of Elections**
- 134 thru 138 - Monroe Co. Board of Elections
- 139 & 140 - **State Board of Elections**
- 141 thru 143 - Erie Co. Board of Elections
- 144 thru 148 - **State Board of Elections**
- 149 - Erie Co. Board of Elections
- 150 - Chautauqua Board of Elections

FOR ALL OTHER OFFICES CONTACT YOUR COUNTY BOARD OF ELECTIONS

WHERE TO FILE PETITIONS

MEMBER OF STATE COMMITTEE

- **DEMOCRATIC, REPUBLICAN , INDEPENDENCE and GREEN** Party State Committee petitions are filed with the county boards of elections.
- **WORKING FAMILIES** Party State Committee petitions are filed in the same manner as those for the office of Member of Assembly (see chart for Assembly).
- **CONSERVATIVE** Party State Committee petitions are filed in the same manner as those for the office of Representative in Congress (see chart for Congressional).

Republican State Committee elections are held at the “Fall” primary in odd numbered years. All other parties elect state committee at the “Fall” primary in even numbered years.

To run for any party position such as member of state committee, national or judicial delegate or alternate, you must be a duly enrolled member of the party from which you are seeking the designation. You also must be a resident of the jurisdiction from which you are running.

The office of judicial delegate and alternate judicial delegate are elected at the “Fall” primary. (National delegate and alternate national delegate are elected at the “Spring” primary, held in a presidential election year).

WHERE TO FILE PETITIONS

JUDICIAL DISTRICT CONVENTION DELEGATE AND/OR ALTERNATE DELEGATE

First Judicial District	New York County
Second Judicial District	Kings County
Eleventh Judicial District	Queens County
Twelfth Judicial District	Bronx County
Thirteenth Judicial District	Richmond County

All petitions and nominations for these judicial district delegates and alternate delegates are filed at the New York City Board of Elections

NOTE: The following chart for Judicial Delegates and Alternate Delegates applies ONLY to Democratic, Independence, Conservative, Working Families and Green Party candidates.

Republican Party candidates for this office file their petitions in the county which contains their portion of the assembly district.

Third Judicial District:	Albany, Columbia, Greene, Rensselaer, Schoharie, Sullivan and Ulster
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100 th AD	Sullivan County Board of Elections
101st AD	State Board of Elections
102nd AD	State Board of Elections
103 rd AD	Ulster County Board of Elections
104 th AD	Ulster County Board of Elections
106 th AD	Columbia County Board of Elections
107th AD	State Board of Elections
108th AD	State Board of Elections
109 th AD	Albany County Board of Elections
110 th AD	Albany County Board of Elections
111 th AD	Albany County Board of Elections

WHERE TO FILE PETITIONS

Fourth Judicial District:	Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, St. Lawrence, Saratoga, Schenectady, Warren & Washington
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107 th AD	Washington County Board of Elections
108 th AD	Saratoga County Board of Elections
110 th AD	Schenectady County Board of Elections
111th AD	State Board of Elections
112th AD	State Board of Elections
113th AD	State Board of Elections
114th AD	State Board of Elections
115th AD	State Board of Elections
116 th AD	St. Lawrence County Board of Elections
117 th AD	St. Lawrence County Board of Elections
118th AD	State Board of Elections

Fifth Judicial District:	Herkimer, Jefferson, Lewis, Oneida, Onondaga, & Oswego
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101 st AD	State Board of Elections
116 th AD	Jefferson County Board of Elections
117 th AD	State Board of Elections
118 th AD	State Board of Elections
119 th AD	State Board of Elections
120 th AD	State Board of Elections
121 st AD	Oneida County Board of Elections
126 th AD	Onondaga County Board of Elections
127 th AD	Onondaga County Board of Elections
128 th AD	Onondaga County Board of Elections
129 th AD	Onondaga County Board of Elections
130 th AD	Oswego County Board of Elections

Sixth Judicial District:	Broome, Chemung, Chenango, Cortland, Delaware, Madison, Otsego, Schuyler, Tioga & Tompkins
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101st AD	State Board of Elections
102nd AD	State Board of Elections
121st AD	State Board of Elections
122nd AD	State Board of Elections
123 rd AD	Broome County Board of Elections
124th AD	State Board of Elections
125th AD	State Board of Elections
126th AD	State Board of Elections
132nd AD	State Board of Elections

WHERE TO FILE PETITIONS

Seventh Judicial District:	Cayuga, Livingston, Monroe, Ontario, Seneca, Steuben, Wayne & Yates
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126 th AD	Cayuga County Board of Elections
130th AD	State Board of Elections
131th AD	State Board of Elections
132nd AD	State Board of Elections
133rd AD	State Board of Elections
134 th thru 139 th AD	Monroe County Board of Elections
148 th AD	Steuben County Board of Elections

Eighth Judicial District:	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans & Wyoming
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139th AD	State Board of Elections
140th AD	State Board of Elections
141 st thru 143 rd AD	Erie County Board of Elections
144th AD	State Board of Elections
145th AD	State Board of Elections
146th AD	State Board of Elections
147th AD	State Board of Elections
148th AD	State Board of Elections
149 th AD	Erie County Board of Elections
150 th AD	Chautauqua County Board of Elections

Ninth Judicial District:	Dutchess, Orange, Putnam, Rockland & Westchester
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88 th thru 93 rd AD	Westchester County Board of Elections
94th AD	State Board of Elections
95th AD	State Board of Elections
96 th & 97 th AD	Rockland County Board of Elections
98th AD	State Board of Elections
99th AD	State Board of Elections
100 th & 101 st AD	Orange County Board of Elections
103 rd	Dutchess County Board of Elections
104th AD	State Board of Elections
105 th & 106 th AD	Dutchess County Board of Elections

Tenth Judicial District:	Nassau & Suffolk
--------------------------	------------------

1 st thru 8 th AD	Suffolk County Board of Elections
9th AD	State Board of Elections
10 th thru 12 th AD	Suffolk County Board of Elections
13 th thru 22 nd AD	Nassau County Board of Elections

**PERTINENT RULES & REGULATIONS
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§ 6201.2 Use of Public Opinion Polls

No candidate, political party or committee shall attempt to promote the success or defeat of a candidate by directly or indirectly disclosing or causing to be disclosed the results of a poll relating to a candidate for such an office or position, unless within 48 hours after such disclosure, they provide the following information concerning the poll to the board or officer with whom statements or copies of statements of campaign receipts and expenditures are required to be filed by the candidate to whom such poll relates:

- (a) The name of the person, party or organization that contracted for or who commissioned the poll and/or paid for it.
- (b) The name and address of the organization that conducted the poll.
- (c) The numerical size of the total poll sample, the geographic area covered by the poll and any special characteristics of the population included in the poll sample.
- (d) The exact wording of the questions asked in the poll and the sequence of such questions.
- (e) The method of polling – whether by personal interview, telephone, mail or other.
- (f) The time period during which the poll was conducted.
- (g) The number of persons in the poll sample: the number contacted who responded to each specific poll question; the number of persons contacted who did not so respond.
- (h) The results of the poll.

§ 6204.1 Specification of objections to designating and independent nominating petitions

(a) Any person filing general objections to any designating or independent nominating petition filed with the State Board of Elections who thereafter files specifications of his objections to any such petition with such board shall do so in accordance with the provisions of Section 6-154 of the Election Law. All such specifications shall substantially comply with the following requirements:

(1) The volume number, page number, and line number of any signature objected to on any petition shall be set forth in detail. In addition, any portion of any petition or any signature line or witness statement objected to shall be specifically identified and reasons given for any such objection;

(2) The total number of signatures objected to shall be set forth and all objections relating to a single signature line should be grouped together;

(3) Symbols and/or abbreviations may be used to set forth objections, provided that a sheet explaining the meaning of any such symbols and/or abbreviations is attached to the specifications.

(b) No specifications of objections to any petition will be considered by the Board unless the objector filing the specifications personally delivers or mails by registered or certified mail a duplicate copy of the specifications to each candidate for public office named on the petition. In the case of a petition containing candidates for party position, service of the specifications shall be made on either the named candidates or the first person named on the petition's committee to fill vacancies. Service shall be made on or before the date of filing of any specifications with the Board.

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Proof of service shall accompany the specifications or be received by the end of business two days following the filing of the specifications, whichever is later.

(c) Any notice and/or determination relating to a petition for which specifications of objections have been filed shall be transmitted by the Board to the objector filing the specifications, provided that any such objector may designate an attorney or agent to receive any such notice and/or determination on his behalf. Any such designation shall be in writing and include the name, address and telephone number of any such attorney or agent, and any such attorney and/or agent shall be eligible to represent any such objector in any proceeding conducted by the Board relating to the specifications.

§6215.1	Rules for filing designating and nominating petitions
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- a. The sheets of a petition shall be numbered sequentially at the foot of each sheet.
- b. All petitions containing ten or more sheets shall be accompanied by a cover sheet.
- c. Any two or more petition sheets shall be securely fastened together by any means which will hold the pages together in numerical order.
- d. Petition sheets may be fastened together to form one or more volumes.
- e. Individual volumes of a petition shall be filed in the following manner:

(1) With respect to petitions which are filed with the Board of Elections in the City of New York, or petitions which are filed with other boards of elections containing candidates for more than one public or party office which are not coterminous, each volume of each petition shall bear an identification number, to be obtained in accordance with Section 6215.3, *infra*. The assigned identification number shall be inscribed on the front of the volume. If an identification number has not been inscribed by the person or persons filing the petition, and the petition consists of multiple volumes, then each volume of the petition shall be separately numbered on the front thereof. Only one identification number may be used to identify a petition volume.

(2) Any Board of Elections outside the City of New York may adopt a petition filing system for all petitions utilizing identification numbers as provided for in Section 6215.3. The Board may adopt such system through the approval of a rule at least two months prior to the first day to circulate petitions. The rule shall be filed at the county board of elections and the State Board of Elections.

(3) With respect to all other petitions which contain ten or more sheets, each volume of the petition shall have a cover sheet secured to the front of such volume.

§6215.2	Cover Sheets
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- (a) A cover sheet shall contain the following information:

1) The office and district number (where appropriate) for which each designation and nomination is being made, the name and residence address of each candidate, and the number of volumes comprising the petition. The names and addresses of candidates for the county committee may be set forth, by assembly district (or, in the City of New York, by election district) on a schedule to be annexed to the cover sheet. Cover sheets for the positions of County Committee in the City of New York shall include, in addition to such schedule a list by election district of the identification numbers

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(if known) or the volume number, and page number where such signatures appear for each election district.

2) An identification of the volumes comprising the petition. When multiple volumes are filed pursuant to Section 6215.1 (e)(1) or (2) of these rules, a single cover sheet may be filed with volumes identified by listing the identification number of each volume either individually or cumulatively, and the total number of volumes in the petition. With respect to all other petitions filed in multiple volumes, each volume shall have a coversheet which shall indicate the volume number; such volumes shall be numbered sequentially and the cover sheet from the first volume shall set forth the total number of volumes comprising petition.

3) A statement that the petition contains the number, or in excess of the number, of valid signatures, required by the Election Law.

4) A place for the optional designation of a contact person other than the candidate(s) to be notified to correct noncompliance with these regulations.

(a) Cover sheets shall be substantially in the form set forth in Section 6215.8, *infra*.

(c) Where a designating petition involves an office to be filled by the voters of the entire state, the petition shall be accompanied by a schedule which sets forth the volume and page number of each sheet on which signatures appear of at least 100 or 5 per centum, whichever is less, of properly enrolled voters in each of at least one-half of the Congressional Districts of the state.

(d) Where a nominating petition involves an office to be filled by the voters of the entire state, the petition shall be accompanied by a schedule which sets forth the volume and page number of each sheet on which signatures appear of at least 100 voters in each of at least one-half of the Congressional Districts of the state.

§6215.3	Identification Numbers, application, distribution and utilization
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(a) Identification numbers shall be issued by the State and County Boards of Elections, without charge, for the purpose of identifying petition volumes.

(b) The State Board shall assign a series of identification codes to each County Board.

(c) Any person or persons, individually or jointly, may obtain one or more identification numbers, upon written application, from the Board of Elections. Individuals who do not wish to apply for these numbers in advance will have them assigned to their petitions when they are submitted to the Board of Elections in accordance with section 6215.6 (b) of these rules. Identification numbers may be used only within the calendar year for which issued.

(d) The State Board of Elections shall promulgate an identification number application form, which shall be used by any board of elections. The application shall set forth: (1) the name and residence address of each applicant for the identification number; (2) the daytime and evening telephone numbers for such applicant; (3) the type of petition to be filed under the identification number (i.e., Designating, Nominating, Opportunity to Ballot); (4) the date of the election; (5) the Name of the Party or Independent Body; and (6) the number of identification numbers requested. Each application shall be signed by each applicant and shall be dated.

(e) Upon receipt of an application for an identification number, the Board shall forthwith issue the quantity of identification numbers requested, inscribe such numbers on the original application, and record the numbers issued with the name and address of the applicant in a book

<p style="text-align: center;">PERTINENT RULES & REGULATIONS OF THE NY STATE BOARD OF ELECTIONS Title 9, Subtitle 5, NYCRR</p>

which shall be available for public inspection. In the event that an application is filed by multiple applicants, the Board shall record in the book only the name and address of the first-named applicant.

(f) An assigned identification number may be used for the filing of petition sheets only by the person to whom the identification number was issued. In the case of multiple applicants the identification number may be used by any of the applicants.

§6215.4	Multiple Candidates Named On a Petition
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(a) All the signatures appearing in a petition volume shall apply to all candidates named in that volume, unless the cover sheet specifies otherwise.

(b) In the event that the same candidates do not appear on each and every sheet of the petition, then the cover sheet shall indicate which signatures apply to which candidate, by indicating the name of the candidate, the identification number or the volume number, and the page number of the applicable signatures. Signatures on such pages may be identified by specified numerical ranges (e.g., pages 1 through 15, pages 15-45).

§6215.5	Filing of petitions
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(a) Neither the application for, nor the issuance of, an identification number constitutes filing of a petition.

(b) Petitions shall be filed with the applicable Board of Elections as set forth in the Election Law. The officer or Board shall endorse the day, hour and minute of receipt on such petitions. Such officer or Board shall keep a book, which shall be open to public inspection, in which shall be entered the name of the candidate, and volume or identification numbers of the petitions which have been filed and the time of their filing.

§6215.6	Construction of rules; substantial compliance
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(a) Except as specifically set forth herein, these rules shall be liberally construed and technical defects shall be disregarded where there has been substantial compliance and where a strict construction is not required for the prevention of fraud.

(b) The failure to obtain an identification number or inscribe an identification number on one or more petitions or petition volumes shall not render any such petition or petition volume invalid. The officer or Board receiving such petition or petition volume shall assign identification numbers to such petition or petition volumes, shall inscribe the identification number upon the petition or volume, and shall record the identification number of such petition or volume. In such instances, the person or persons submitting the petition or petition volume for filing shall be deemed to be the applicant for the identification number, or in the event the persons submitting the petition or petition volume, cannot be identified, the candidates named on the petition or petition volume shall be deemed to be the applicant or applicants.

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§6215.7 Determinations; cures pursuant to Section 6-134(2) of the Election Law

(a) Within two (2) business days of the receipt of the petition, the Board with whom such petition was filed shall review the petition to determine whether the petition complies with the cover sheet and binding requirements of these regulations. Such review shall be limited to matters apparent on the face of the documents. Such review, and such determination, shall be without prejudice to the determination by the Board of objections and specifications of objections filed pursuant to the provisions of the Election Law.

(b) In the event that, upon the review conducted pursuant to paragraph (a) above, the Board determines that a petition does not comply with these regulations, the Board shall forthwith notify the candidate or candidates named on the petition of its determination and the reasons therefore.

(c) Notification of a determination of noncompliance shall be given by written notice by depositing such notice on the day of such determination with an overnight delivery service, for overnight delivery, on the next business day, or by personal delivery by the day after the determination to the candidate or the contact person, if designated, at the address stated on the petition. Notification shall be given by overnight delivery or personal delivery only, unless the candidate shall have filed with the Board written authorization, signed by the candidate, for the Board to give notification by facsimile transmission. In the event that the candidate shall have authorized notification by facsimile transmission, then the Board shall notify the candidate or the contact person, if designated, by facsimile transmission on the day of the determination to the number set forth by the candidate and shall, in addition, mail a copy of the determination to the candidate.

(d) A candidate may, within three (3) business days of the date of a determination that the petition does not comply with these regulations, cure the violation of these regulations. Cover sheet deficiencies may be corrected by the filing of an amended cover sheet. Such cure or correction must be received by the Board of Elections no later than the third business day following such determination.

(e) If the petition is one for an opportunity to ballot, then the first named person on the committee to receive notices or applicant(s) for the identification number or numbers under which the petition was filed shall be deemed to be the “candidate” for purposes of subparagraphs (b), (c), and (d) above.

FURTHER PROVISIONS

Please be aware that there may be other requirements which may apply to running for any particular office. These may include but not be limited to:

FINANCIAL DISCLOSURE REQUIREMENTS:

The New York State Election Law requires candidates and political committees to file statements disclosing information about contributions received and expenditures made in connection with an election.

The forms required to register a committee and to report receipts and disbursements, as well as a comprehensive handbook of instructions, are available at the State Board of Elections and your county Board of Elections.

For more information on financial disclosure requirements, contact the State Board of Elections at 1-800-458-3453 or 518-474-8200, your county board of elections or visit our website at www.elections.ny.gov.

Hatch Act:

Call 1-800-85 HATCH - www.osc.gov

Commission on Judicial Conduct:

- www.scjc.state.ny.us

Call (646) 386-4800 - Main Office
(518) 453-4600 - Albany
(585) 784-4141 - Rochester

Judicial Campaign Ethics Center:

Call 1-888-600-JCEC - www.nycourts.gov/jcec

NYS Joint Commission on Public Ethics:

Call (518) 408-3976 - www.jcope.ny.gov

Legislative Ethics Committee:

Call (518) 432-7837