TYPE 9

## AUTHORIZED MULTI-CANDIDATE COMMITTEE CAMPAIGN FINANCE REGISTRATION FORM

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 Registrati			•	· ID#):	
[ ] State Campaig	ın [	J Local Campaigr	(Provide County): _		
A. COMMITTEE NAME:					
For Acronyms (See ins	structions):				
B. TREASURER:					
Full Name:					
Residential Address (No P.O. Box):				Apartment #:	
City or Town:			State:	Zip:	
Mailing Address (P.O. Box allowed):				Apartment #:	
City or Town:			State:	Zip:	
Social Security Number (	Optional):	_ Email:			
Telephone: Home: Business:			Cell:		
C. DEPOSITORY/BANK:					
Name:					
Address:					
City or Town:			State:	Zip:	
). CANDIDATE(S) TO BE SUF				-	
ELECTION YEAR	OFFICE/DISTRICT		ILL NAME		
1					
2.					
3		_			
4		_			
E. PERSON(S) OTHER THAN	TREASURER AUTHORIZE	D TO SIGN CHECK	<b>S</b> (Attach additional she	ets if necessary):	
Full Name:					
Residential Address (No P.O. Box):			Apartment #:		
City or Town:			State:	Zip:	
Telephone:		Email:			
Signature:					
The above information is true to	the best of my knowledge	and belief:			
Signature of Treasurer			 Date		
CF-02 –Type 9, Multi (10/16)					

## AUTHORIZED MULTI-CANDIDATE COMMITTEE REGISTRATION INSTRUCTIONS

A Multi-Candidate Committee is a committee authorized by multiple candidates pursuant to NYS Election Law. Constituted Committees and Party Committees should <u>not</u> use this form. Instead, they should use the Constituted/Party Committees Campaign Finance Registration form.

## A MULTI-CANDIDATE 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 and committees being supported 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. 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, check this box and list the county name where the local office is being sought. Committees supporting or opposing such candidates 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 NYSBOE.

**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:** Enter the full name of the treasurer of record for the committee. Residential address is mandatory; include building and apartment number, city or town, state and zip code. Social Security number is optional.

**Item C:** 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.

**Item D:** Enter the year, office/district and names of candidates to be supported.

**Item E**: Provide the name and related information of the person(s), other than the treasurer, authorized to sign checks as applicable.