

**TYPE 8**

# INDEPENDENT EXPENDITURE COMMITTEE CAMPAIGN FINANCE REGISTRATION FORM

NEW YORK STATE BOARD OF ELECTIONS

Section 14-100(15), 14-107, 14-112 and 14-118 of NYS Election Law

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

Check the box that applies:

New Registration                       Amended Registration (Provide Filer ID#): \_\_\_\_\_

**A. COMMITTEE NAME:** \_\_\_\_\_

For Acronyms (See instructions): \_\_\_\_\_

**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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

**C. DEPOSITORY/BANK:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**E. BALLOT ISSUE(S)** (Attach additional sheets if necessary):

SUPPORT/OPPOSE

1. \_\_\_\_\_

2. \_\_\_\_\_

**F. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS** (Attach additional sheets if necessary):

Full Name: \_\_\_\_\_

Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**G. LIST REQUIRED INDIVIDUAL(S) / ENTITY / ENTITIES AND INDICATE THE CATEGORY OR CATEGORIES FOR EACH:**

(Attach additional sheets if necessary):

**CATEGORIES:**

1. Check box 1 if this committee is an individual. Provide the required information as listed.
2. Check box 2 if the committee is an entity. Provide the full name, residential address, employer, employer address, and occupation of any individual who exerts operational or managerial influence or control over the entity.
3. Check box 3 if the committee is an entity. Provide the full name, residential address, employer, employer address, and occupation of any salaried employee of the committee.
4. Check box 4 for those individuals who have been identified in categories 1, 2 or 3 who have, during the two year period before filing, been employed or retained as a political, media or fundraising advisor or consultant for a candidate, any entity directly controlled by a candidate, or any party or constituted committee or have held a formal position in the office of a candidate's elected office, or any party or constituted committee, and provide the name and address of the relevant employer or retaining entity. If more than one relevant employer or retaining entity, attach additional sheets with names and addresses. For each such employer or retaining entity listed for the two year period, provide the basis for listing them on the "Reason" line provided.
5. Check box 5 for those individuals who have been identified in categories 1, 2 or 3 who are members of a candidate's immediate family (spouse, child, grandparent, brother, half-brother, sister, half-sister of the candidate and spouses of these individuals).

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Res. Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Employer Address: \_\_\_\_\_

Check appropriate category:  1     2     3     4\*     5

\*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Reason: \_\_\_\_\_ Reason: \_\_\_\_\_

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Res. Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Employer Address: \_\_\_\_\_

Check appropriate category:  1     2     3     4\*     5

\*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Reason: \_\_\_\_\_ Reason: \_\_\_\_\_

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Res. Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Employer Address: \_\_\_\_\_

Check appropriate category:  1  2  3  4\*  5

\*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Reason: \_\_\_\_\_ Reason: \_\_\_\_\_

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Res. Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Employer Address: \_\_\_\_\_

Check appropriate category:  1  2  3  4\*  5

\*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Reason: \_\_\_\_\_ Reason: \_\_\_\_\_

The committee is hereby notifying the New York State Board of Elections that it intends to make independent expenditures, pursuant to Election Law 14-107, and will make all required disclosures.

Pursuant to Election Law 14-112, no candidate listed in Section D of this form has authorized the activities of this committee.

**VERIFICATION STATEMENT BY TREASURER**

I swear or affirm that the information contained herein is in all respects true and complete to the best of my knowledge, information and belief.

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Notary Public or Commissioner of Deeds)

\_\_\_\_\_  
Signature of Committee Treasurer

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
Contact Phone Number

# INDEPENDENT EXPENDITURE REGISTRATION INSTRUCTIONS

**Independent Expenditure Committee** (EL 14-100 (15)) means a political committee that only makes independent expenditures and does not coordinate with a candidate, candidate's authorized committees or an agent of the candidate as defined in paragraph (g) of subdivision one of section 14-107 of the Election Law. For a definition of coordination, see EL 14-107 (1)(d).

An independent expenditure committee may be created by a person, group of persons, corporation, unincorporated business entity, labor organization or business, trade or professional association, or organization, or political committee.

AN INDEPENDENT EXPENDITURE 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 the New York State Board of Elections (NYSBOE).

**New Registration:** If registering a new committee, check this box. A Filer ID# will be assigned to the committee by the NYSBOE and should be used on all future documents and correspondence.

**Amended Registration:** For an existing committee if any information previously filed has changed, check this box. A fully completed amended registration must be filed within two days of any change, *except any change in Item G related to ownership or control of the entity registered as an independent expenditure committee must be filed within 24 hours*. Provide Filer ID# that was assigned by the NYSBOE.

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**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 and other contact details of the treasurer of record for the committee. Residential address is mandatory; include building and apartment number, city or town, state and zip code. Email address is also mandatory. Please note: the email address will be used as a log-in for the filing system and by the NYSBOE to communicate with its filers. The email address should be one that the treasurer accesses regularly and must be updated with the NYSBOE immediately if a change is made. Multi-factor authentication will be used.

**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:** Provide the election year, office/district, and full name of the candidate(s) the committee supports or opposes.

**Item E:** Provide the name of any ballot issue(s) the committee supports or opposes.

**Item F:** If there are persons other than the treasurer who will be authorized to sign checks, enter their name(s) and other required information here.

**Item G:** Provide the names(s), occupation(s), address(es), current employer name(s) and address(es) of any individual(s) and/ or retaining entity and indicate the category or categories for each as follows (if you checked box 4, also provide the name of the relevant employer or retaining entity name and address):

1. Check box 1 if this committee is an individual. Provide the required information as listed.
2. Check box 2 if the committee is an entity. Provide the full name, residential address, employer, employer address, and occupation of any individual who exerts operational or managerial influence or control over the entity.
3. Check box 3 if the committee is an entity. Provide the full name, residential address, employer, employer address, and occupation of any salaried employee of the committee.
4. Check box 4 for those individuals who have been identified in categories 1, 2 or 3 who have, during the two year period before filing, been employed or retained as a political, media or fundraising advisor or consultant for a candidate, any entity directly controlled by a candidate, or any party or constituted committee or have held a formal position in the office of a candidate's elected office, or any party or constituted committee, and provide the name and address of the relevant employer or retaining entity. If more than one relevant employer or retaining entity, attach additional sheets with names and addresses. For each such employer or retaining entity listed for the two year period, provide the basis for listing them on the "Reason" line provided.
5. Check box 5 for those individuals who have been identified in categories 1, 2 or 3 who are members of a candidate's immediate family (spouse, child, grandparent, brother, half-brother, sister, half-sister of the candidate and spouses of these individuals).

Once completed, the form - with original signature(s) in ink - must be mailed to:

**NYS Board of Elections  
Attn: Compliance Unit  
40 North Pearl Street, Suite 5  
Albany, NY 12207**