

TYPE 9B

BALLOT ISSUE 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 Registration [ ] Amended Registration (Provide Filer ID#): \_\_\_\_\_  
[ ] State Campaign [ ] Local Campaign (Provide County): \_\_\_\_\_

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

**C. DEPOSITORY/BANK:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**D. BALLOT ISSUE(S)** (Attach additional sheets if necessary): SUPPORT/OPPOSE  
1. \_\_\_\_\_  
2. \_\_\_\_\_

**E. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS:**  
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

# BALLOT ISSUE COMMITTEE REGISTRATION INSTRUCTIONS

## A BALLOT ISSUE 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, 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 NYSBOE.

**For State Campaign:** For committees supporting or opposing statewide ballot propositions, check this box. These committees must file this form and the required financial disclosure reports with the NYSBOE.

**For Local Campaign:** For all local ballot propositions, check this box and list the county name where the local ballot proposition is appearing. Committees supporting or opposing such ballot propositions must file this form and the required financial disclosure reports with the NYSBOE (*or Village Clerk only in the situation where the Village Clerk runs the election*).

**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. 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:** Enter the ballot issues to be supported/opposed.

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

Once completed, this 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**