

CF-03

COMMITTEE AUTHORIZATION

CAMPAIGN FINANCE FORM

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

[] New Form [] Amended Form (Provide Filer ID#): _____

COMMITTEE NAME: _____

For Acronyms (See instructions): _____

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 Residential Address: _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

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

Candidate's Full Name: _____

Candidate's Residential Address: _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

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

Candidate's Full Name: _____

Candidate's Residential Address: _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

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

Candidate's Full Name: _____

Candidate's Residential Address: _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

I SWEAR OR AFFIRM THAT:

1. I am the treasurer of record, and
2. The information provided on this form is complete, true and correct.

Treasurer's Full Name: _____

Treasurer's Residential Address: _____

City or Town: _____ State: _____ Zip: _____

Telephone: Home: _____ Business: _____ Cell: _____

Sworn to before me, this _____ day

Of _____, 20_____

Notary Public or Commissioner of Deeds

Signature of Treasurer

COMMITTEE AUTHORIZATION 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 authorized committees that are taking part in the campaign of any candidate by making direct expenditures in support of candidate(s) must complete this form.

It should be filed together with the Authorized Single Candidate Committee Campaign Finance Registration Form (Type 1) or Authorized Multi-Candidate Committee Campaign Finance Registration Form (Type 9).

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.

List candidate(s) 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.

- Provide date of election and office/district for each candidate listed.
- Enter the full name of the candidate(s). Residential address is mandatory for each, including building and apartment number, city or town, state and zip code.

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: Candidates with an authorized, single or multi-candidate committee, where the committee will be disclosing all of the financial activity of the campaign, including the financial activity of the candidate (candidate's own funds), must also file the Candidate Authorization for a Committee to Make All Campaign Financial Disclosures (CF-16).

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.

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**