



# NYS Public Campaign Finance Program

## PCF-21 Committee Registration Form Instructions

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### How to use this form

Use this form to register your committee with the New York State Board of Elections (NYSBOE). Your committee must be registered before it can raise contributions or make expenditures for a covered election. The form can be submitted before or at the same time as the PCF-22 Application/ Certification Form.

### All signatures must be in ink.

Copies of signatures or electronic signatures will not be accepted.

### Who should use this form?

This form is for state level candidates who wish to participate in the NYS Public Campaign Finance Program (PCFP).

Eligible candidates are those running for:

- Governor
- Lieutenant Governor
- State Comptroller
- State Attorney General
- State Senate
- State Assembly

If you do not wish to apply for this program, complete the CF-02 (Type 1) Authorized Single Candidate Committee Campaign Finance Registration Form (and any other applicable forms) instead.

### Can I use an existing committee?

No. To qualify for public financing, you must use a new authorized committee for the applicable election cycle. Any existing committees for the same office must be terminated using the CF-18 Termination or Resignation Request Form.

### Where do I file this form?

Mail or deliver this form to:

NYS Board of Elections  
Attn: Public Campaign Finance Board  
40 North Pearl Street, Suite 5  
Albany, NY 12207-2729

Phone Number: (518) 473-2784

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### 1: Registration Type

Use this to indicate whether you are registering a new committee or amending information for a committee that has already been registered with the Public Campaign Finance Board for this election cycle. A fully completed amended registration form must be filed within two days of any change.

### 2: Committee Name

Enter the name of the committee. If the committee uses an acronym, define it here. If the committee does not use an acronym, leave blank.

### 3: Candidate

Enter the candidate's information here. Completing this section means the candidate authorizes the committee to make all financial disclosures. Cell phone number is preferred.

### 4: Treasurer of Committee

Enter the treasurer's information. NYSBOE will use the treasurer's email address to create an account with the EFS Web Application. This email address should be one that the treasurer checks regularly. Cell phone number is preferred.

### 5: Depository/Bank

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. The account must allow for electronic funds transfers.

### 6: Other Person(s) Authorized to Sign Checks

If anyone other than the treasurer will be authorized to sign checks, enter their name(s) and other required information here.

### 7: Candidate Attestation

The candidate must fully complete this section of the form, witnessed and sworn to by a notary public/ commissioner of deeds.

### 8: Treasurer Attestation

The treasurer must fully complete this section of the form, witnessed and sworn to by a notary public/ commissioner of deeds.



# NYS Public Campaign Finance Program

## PCF-21 Type 1P Committee Registration Form

Use this form to register your committee with the New York State Board of Elections.  
All sections are **Required**.

Registration Type

1

New Registration  
Amended Registration  
Provide Filer ID# \_\_\_\_\_

Committee Name

2

If the name uses an acronym, define it.

Committee Name \_\_\_\_\_  
Define Acronyms (*see instructions*) \_\_\_\_\_

Candidate

By completing this form, this candidate authorizes the committee to make all financial disclosures.

3

Full Name \_\_\_\_\_  
Office/District \_\_\_\_\_ Election Year \_\_\_\_\_  
Residential Address (*not P.O. Box*) \_\_\_\_\_  
City or Town \_\_\_\_\_ State **NY** Zip \_\_\_\_\_  
Mailing Address (*P.O. Box allowed*) \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Treasurer of Committee

4

Full Name \_\_\_\_\_  
Residential Address (*not P.O. Box*) \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (*P.O. Box allowed*) \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Depository/Bank

The branch where your account is held must be in NY.

5

Depository/Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City or Town \_\_\_\_\_ State **NY** Zip \_\_\_\_\_

Other Person(s) Authorized to Sign Checks

Optional.

Attach more sheets if necessary.

6

Full Name \_\_\_\_\_  
Residential Address (*not P.O. Box*) \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Other person authorized to sign checks, sign here:**

<b>X</b>	
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# NYS Public Campaign Finance Program

## PCF-21 Type 1P Committee Registration Form

Use this form to register your committee with the New York State Board of Elections.  
All sections are **Required**.

### Candidate Attestation

Sign in ink.

Candidate signature must be witnessed by a Notary Public or Commissioner of Deeds.

7

I swear or affirm that:

1. I am the candidate for the office as stated above, and
2. All financial activity related to my campaign, including my own, will be disclosed by the authorized committee listed on this form, which will file on my behalf, and
3. The information provided on this form is complete, true, and correct.

**Candidate, sign here:**

X	
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**Notary Public or Commissioner of Deeds, sign here:**

X	
---	--

Swore to before me,  
Date (mm/dd/yyyy) \_\_\_\_\_

Notary Public validation

### Treasurer Attestation

Sign in ink.

Treasurer signature must be witnessed by a Notary Public or Commissioner of Deeds.

8

I swear or affirm that:

1. I am the treasurer of record, and
2. All financial activity related to candidate's campaign, including their own, will be disclosed by the authorized committee listed on this form, which will file on the candidate's behalf, and
3. The information provided on this form is complete, true, and correct.

**Treasurer, sign here:**

X	
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**Notary Public or Commissioner of Deeds, sign here:**

X	
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Swore to before me,  
Date (mm/dd/yyyy) \_\_\_\_\_

Notary Public validation

**When completed, mail or deliver this form to:**

NYS Board of Elections  
Attn: Public Campaign Finance Board  
40 North Pearl Street, Suite 5  
Albany, NY 12207-2729