



NYS Public Campaign Finance Board

Public Campaign Finance Program

Statement of Competitive Opposing Candidate Instructions For State Legislative Candidates

State Senate & State Assembly

To receive the fullest amount of matching funds, participating candidates must be opposed by a competitive candidate on the ballot (not including write-in candidates).

How to Prove You Are Opposed by a Competitive Candidate

Participating candidates seeking to show that they are being opposed by a competitive candidate must submit a signed statement with any supporting documentation to the Public Campaign Finance Board (PCFB) certifying that they are being opposed by a competitive candidate.

Submitting Proof

After completing the Statement of Competitive Opposing Candidate, the participating candidate must send the signed copy along with any supporting documentation to the PCFB at:

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

Supporting documentation may include original documents or copies/references to items such as: newspaper articles, digital or online media pieces, and social media posts.

PCFB Approval

PCFB is authorized to verify the validity of any certified statement and any supporting documentation submitted. PCFB will notify candidates upon approval or denial of any competitive opposing candidate certification form they submit. Participating candidates may make multiple attempts for certification of their opponent as competitive.



**Statement of Competitive Opposing Candidate
For State Legislative Candidates**

State Senate & State Assembly

Participating Candidate's Name: _____

Participating Candidate's Filer ID: _____ **Office/District Sought:** _____

Competitive Opposing Candidate's Name: _____

Competitive Opposing Candidate's Filer ID (if known): _____ **Election Year:** _____

I assert my opponent meets one or more of the qualifications of a competitive candidate **(check all that apply)**:

In the last eight years, the opposing candidate has received 25% or more of the vote in an election for public office in an area encompassing all or part of the district represented by the covered office sought. Please state the year and office the opposing candidate ran: _____

The opposing candidate has received the endorsement of a current or former statewide elected official, or a current or former federal elected official representing all or a portion of the area represented by the covered office sought, or a current or former United States Senator, or in the case of a district that encompasses a portion of New York City, a current or former citywide elected official (please list the official and attach evidence of such endorsement).

Name of Official: _____

The opposing candidate has received three or more endorsements from other current or former state, county, city, town, or village elected officials who represent all or a part of the area covered by the election (please list the officials and attach evidence of such endorsements).

Names of Officials: _____

The opposing candidate has received endorsements of one or more membership organizations with a membership of over 150 members (please describe the organization and attach any evidence of such endorsement).

Name(s) and Description(s) of Organization(s): _____

In the past 10 years, the opposing candidate's spouse, domestic partner, sibling, parent, or child holds or has held elective office in an area encompassing all or part of the district represented by the covered office sought. Please state the name and office of the relative who held the public office:



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The opposing candidate has been deemed eligible to receive public funds payment for the covered election.

Attestation

I am the candidate for the office as stated above, and by submitting this form and documentation, I affirm that I am being opposed by a competitive candidate.

Signature of Candidate

Date