



NYS Public Campaign Finance Board Public Campaign Finance Program

Statement of Competitive Opposing Candidate Instructions For Statewide Candidates

Governor, Lieutenant Governor, State Attorney General, State Comptroller

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 Statewide Candidates**

Governor, Lieutenant Governor, State Attorney General, State Comptroller

Participating Candidate's Name: _____

Participating Candidate's Filer ID: _____ **Office 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 a statewide election OR the opposing candidate has received 25% or more of the vote in an election for public office in an area of New York State encompassing all of a city or county with a population of at least 495,000 people. 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 United States Senator (please list the official and attach evidence of such endorsement).
Name of Official: _____

The opposing candidate has received the endorsements of three or more current or former members of the House of Representatives representing a district in New York State (please list the officials and attach evidence of such endorsements).
Names of Officials: _____

The opposing candidate has received the endorsement of a current or former President of the United States of America (please list the official and attach evidence of such endorsement).
Name of Official: _____

The opposing candidate has received the endorsements of a combined twenty or more current or former members of the New York State Senate or New York State Assembly (please list the officials on a separate sheet and attach evidence of such endorsements).



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The opposing candidate has received the endorsement of a current or former elected official who represents an area encompassing all of a city or county in New York State with a population of at least 295,000 people (please list the official and attach evidence of such endorsement).

Name of Official: _____

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

Names and Descriptions of Organizations: _____

The opposing candidate's spouse, domestic partner, sibling, parent, or child holds or has held elective office statewide, or in an area encompassing all of a city or county with a population of at least 495,000 people. Please state the name and office of the relative who held the public office: _____

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