



NYS Public Campaign Finance Board

Public Campaign Finance Program

Request for Primary Election Funding Eligibility for State Legislative Candidates with No Primary Opponent

Instructions

State Senate & State Assembly

Election Law §14-204(3) provides that a participating candidate without a primary opponent is generally ineligible for public matching funds for the primary election. However, if a participating candidate otherwise eligible to receive public matching funds is unopposed in their party's primary, yet there is a primary election in an opposing major party (Democrat or Republican) for the same public office and district, that candidate can receive up to 50% of the statutory maximum amount of public funding for a primary election (\$375,000 for Senate and \$175,000 for Assembly). Funds must be used for expenditures made on or before the day of the primary election (June 25, 2024). Unspent public matching funds will be subject to review and repayment to the NYS Public Campaign Finance Board.

Participating candidates seeking primary election funding without a primary opponent must submit this signed form to claim eligibility for the funding.

Submitting The Request

After completing the Request for Primary Election Funding Eligibility for State Legislative Candidates with No Primary Opponent form, the participating candidate must send the signed copy 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

PCFB Approval

The PCFB will review and approve or deny the validity of any request for primary election funding for participating candidates without a primary election opponent.



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Participating Candidate's Information

Participating Candidate's Name: _____

Committee Name: _____

Committee's Filer ID: _____

Office/District Sought: _____

Primary Election Information

Do you have opponent(s) participating in a primary election on the Democratic or
Republican lines for the same office and district? Yes No

Name of Opponent(s): _____

Which Party Primary is Your Opponent In? Democrat Republican

Certification

I, the undersigned, hereby certify that the information provided in this form is true and accurate to the best of my knowledge and belief. I also understand that if my committee receives primary public matching funds, even though I do not have a primary opponent, the primary public matching funds must be used for expenditures made on or before the day of the primary election. If my committee has any primary public matching funds remaining after pre-primary expenditures are paid, the remaining public matching funds will be returned to the Public Campaign Finance Board.

Signature of Candidate

Date