



NYS Public Campaign Finance Program

PCF-22 Type 1P Application/Certification Form Instructions

How to use this form

Use this form to apply for public matching funds through the New York State Board of Elections Public Campaign Finance Program (PCFP). It must be submitted after or at the same time as the PCF-21 Committee Registration 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.

Eligible candidates are those running for:

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

If you fill out this form and are approved to become a participating candidate, you will be required to follow the applicable provisions of NYS Election Law and related Rules and Regulations outlined in the Public Campaign Finance Handbook.

If you do not wish to apply for this program, do not use this form.

When should I file this form?

Those candidates wishing to participate in the Program should file this form as soon as possible. The deadline to return this form is four months before the primary election date.

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

1: Candidate

Enter the candidate's information. Cell phone number is preferred.

Please note: Legal notices will be sent to the email and residential addresses you provide here. If this information changes, you must notify us within two days.

2: Candidate Employment

Enter the candidate's employment information here.

3: Office Sought

Enter the office for which the candidate is running here. If the candidate is running for a state level legislative office (Senate or Assembly), you must include the district.

4: Authorized Committee

To receive public matching funds, you must register a PCF authorized committee with NYSBOE. A candidate may designate an existing authorized political committee that is associated with and approved by the candidate, and that was used for the same covered elective office sought (including committees from a previous cycle), to be used for participation in the Public Campaign Finance Program.

If you have already registered your committee, provide the Filer ID you received from NYSBOE here. Otherwise, leave this field blank and complete the PCF-21 Committee Registration Form to register your PCF authorized committee.

5: Treasurer

Enter the treasurer's information. Cell phone number is preferred.

6: Treasurer Employment

Enter the treasurer's employment information here.

7: Committee Bank Accounts

If you have already established a bank account for a PCF authorized committee, provide this information here. Otherwise, leave this field blank.

8: Committee Credit Card(s)

Disclose the committee's credit card(s) here. Attach additional sheets as necessary.

9: Additional Point of Contact

Complete this section to allow us to contact anyone other than the candidate or campaign treasurer if there are questions about your campaign account.

10: Candidate Certification

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

11: Treasurer Certification

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



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All sections are **Required**.

Candidate

1

Full Name _____
 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 _____

Candidate Employment

2

Employer Name _____ Occupation _____
 Address _____ Phone _____
 City or Town _____ State _____ Zip _____

Office Sought

3

Election Year _____ Office _____ District _____
 Party Line(s) Sought (*optional*) _____

Authorized Committee

4

Committee Name _____
 Filer ID# (*if one already issued*) _____

Treasurer

5

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 _____

Treasurer Employment

6

Employer Name _____ Occupation _____
 Address _____ Phone _____
 City or Town _____ State _____ Zip _____

Committee Bank Account(s)

Fill this out only if you have already established a bank account(s) for your PCF authorized committee.
Attach more sheets if necessary.

7

| | |
|---|--|
| <p>Primary Bank Account Bank/Depository Name _____ Address _____ City or Town _____ State NY Zip _____ Current Balance _____ As of Date (<i>mm/dd/yy</i>) _____</p> | <p>Account Type (<i>check 1</i>): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other _____</p> |
| <p>Secondary Bank Account Bank/Depository Name _____ Address _____ City or Town _____ State NY Zip _____ Current Balance _____ As of Date (<i>mm/dd/yy</i>) _____</p> | <p>Account Type (<i>check 1</i>): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other _____</p> |



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Committee Credit Card(s)
Use this section to disclose the committee's credit card information.

8

Issuing Bank's Name _____
Address _____
City or Town _____ State ____ Zip _____

Additional Point of Contact
Optional, see instructions.
Attach more sheets if necessary.

9

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 _____

10 Candidate Certification Initial each section. You must initial in ink.

- I acknowledge that I am responsible for reading, understanding, and complying with all laws, rules, and regulations related to the Public Campaign Finance Program, including Title 2 of Article 14 of the Election Law, and Part 6221 of Title 9 of New York Codes, Rules and Regulations. I also understand that my authorized committee, my treasurer, myself, and my agents are required to comply with the Election Law and the related rules and regulations, as applicable, including any amendments thereto adopted after the date of my signature below. I further understand that I am responsible for my authorized committee's compliance with the laws, rules, and requirements of the Public Campaign Finance Program. *Part 6221.7(a), 6221.7(d)(7), 6221.9(a)(4), and 6221.45(e)*
Candidate, initial here _____
- I hereby affirm the authorized committee identified in this Application is my sole authorized committee for the applicable election(s) to receive contributions and make expenditures in support of my campaign. Furthermore, I hereby affirm that my sole authorized committee: (i) is the only committee authorized by me to aid or otherwise take part in the elections covered by this Certification; (ii) is not an authorized committee of any other candidate. I understand that I can only use one authorized committee to aid or otherwise take part in the election(s) that this Certification covers, use of any other committee for such purposes is a violation of the related public campaign finance laws (Title 2 of Article 14 of the Election Law, and Part 6221 of Title 9 of New York Codes, Rules, and Regulations. *Part 6221.5(a) and 6221.7(d)(6)*
Candidate, initial here _____
- I understand that my residential address, the authorized committee address, and email address as identified in the attached Application are the addresses to which legal notices, including correspondence and legal papers, will be sent. I further understand that if any of these addresses change, I must promptly notify the New York State Public Campaign Finance Board (PCFB), in writing, of the change, and in any event not later than two days therefrom. *Part 6221.7(f)*
Candidate, initial here _____
- I will ensure my authorized committee, and myself, will keep and furnish to the PCFB all documentation related to matching claim submissions, as well as any expenditures, as applicable. This includes any books, records (including bank records for all accounts), and supporting documentation and other information that the PCFB may require. *Part 6221.7(d)(3)*
Candidate, initial here _____
- I will permit and cooperate with any audit, investigation, or examination conducted by the PCFB, including the production and examination



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10 Candidate Certification Continued Initial each section. You must initial in ink.

by the PCFB and its staff of any documents related to my participation in the Public Campaign Finance Program, including, but not limited to, disclosure statements, matchable claims that were made, receipts, expenditures, loans, in-kind contributions, and transfers. *Part 6221.7(d)(4)*

Candidate, initial here _____

6. I understand that failure to abide by the requirements of Article 14 of the Election Law, including Title 2 or corresponding rules and regulations, may result in the imposition of such penalties as are provided for in Section 14-209 of the Election Law and other applicable laws or rules and regulations. Title 2 of Article 14 of the Election Law empowers the PCFB to assess a civil penalty of up to \$15,000 for any violation, which may be assessed jointly and severally against me, the authorized committee I designate for the election covered under this Certification, the committee's treasurer, and any other of my agents, as applicable. *Part 6221.7(d)(5)*

Candidate, initial here _____

7. I understand that financial control over the campaign is ultimately my responsibility. If any expenditures using public funds are illegal, improper, or not in furtherance of my nomination or election, my authorized committee and I may be required to repay the amount of such expenditures to the PCFB, and that the authorized committee I designate in this Certification, the treasurer of said authorized committee, and myself may be jointly and severally liable for the repayment of such public matching funds. In addition, if the authorized committee does not submit documentation for an expenditure, such expenditure may not be considered a "qualified campaign expenditure." Therefore, I understand that my campaign must follow published PCFB guidelines and procedures, engage trained staff, and implement standard financial controls and procedures. *Part 6221.7(d)(5), 6221.29(c), 6221.30(b), 6221.31, and 6221.45(e)*

Candidate, initial here _____

8. I understand that knowingly and willfully furnishing or submitting a false statement, including, but not limited to, any electronic submission, or knowingly and willfully violating any provision of Title 2 of Article 14 of the Election Law, is a misdemeanor pursuant to Section 14-209(3) of the Election Law; that knowingly making a false written statement, including but not limited to in the form of an

electronic submission, is a Class A misdemeanor pursuant to New York State Penal Law Section 210.45; and that knowingly offering false written information, including but not limited to in the form of an electronic submission, with the belief that it will become a part of the records of a public office and with the intent to defraud, is a Class E felony pursuant to New York State Penal Law Section 175.35.

Candidate, initial here _____

9. I understand that to be eligible for public matching funds I must not owe any payments, repayments, or civil penalties pursuant to law or regulations promulgated thereunder to the PCFB or any local public campaign finance program within the previous ten years. *Part 6221.9(a)(9)*

Candidate, initial here _____

Please continue to signature section on page 4.



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10 Candidate Certification Continued Initial each section. You must initial in ink.

10. I Swear or Affirm that:

I am the candidate for the office identified in this Application, that all the information contained in this Application/Certification is complete and true, that I will comply with all laws and regulations related to participation in the Public Campaign Finance Program, and accept all the terms and conditions outlined in this Certification.

Notary Public validation

Candidate, sign here:

| | |
|---|--|
| X | |
|---|--|

Notary Public or Commissioner of Deeds, sign here:

| | |
|---|--|
| X | |
|---|--|

Sworn to before me,
Date (mm/dd/yyyy) _____

11 Treasurer Certification Initial each section. You must initial in ink.

1. I acknowledge that I am responsible for reading and knowing the contents of Titles 1 and 2 of Article 14 of the Election Law and Part 6221 of Title 9 of the New York Codes, Rules and Regulations, and must comply with the Election Law and related rules and regulations, as applicable, including any amendments thereto adopted after the date of my signature below. *Part 6221.7(d)(7)*

Treasurer, initial here _____

2. I understand that the authorized committee address and my residential address, and email address as identified in this Application are the addresses to which legal notices, including correspondence and legal papers, will be sent. I further understand that if any of these addresses change, I am responsible for promptly notifying the Public Campaign Finance Board (PCFB), in writing, of the change, and in any event not later than two days therefrom. *Part 6221.7(f)*

Treasurer, initial here _____

3. I understand that failure to abide by the requirements of Article 14 of the Election Law, including Title 2 or any corresponding rules and regulations, may result in the imposition of such penalties as are provided for in Section 14-209 of the Election Law and other applicable law or rules and regulations. Title 2 of Article 14 of the Election Law

empowers the PCFB to assess a civil penalty of up to \$15,000 for any violation, which may be assessed jointly and severally against me, the candidate, the authorized committee designated by the candidate, and any other agents of the candidate, as applicable. Additionally, I acknowledge that the candidate, the authorized committee designated by the candidate, and myself may be jointly and severally liable for the repayment of public funds to PCFB. *Part 6221.7(d)(5), 6221.30(b), and 6221.45(e)*

Treasurer, initial here _____

4. I understand that the PCFB will issue an account to me to be used to access portals for the submission of disclosure statements and matchable claims, and that I am responsible for safeguarding and controlling access to and use of the account.

Treasurer, initial here _____

5. I understand that knowingly and willfully furnishing or submitting a false statement, including but not limited to, any electronic submission, or knowingly and willfully violating any provision of Title 2 of Article 14 of the Election Law, is a misdemeanor pursuant to Section 14-209(3) of the Election Law; that knowingly making a false written statement, including but not limited to in the form of an electronic submission, is a Class A misdemeanor pursuant to New York State Penal Law Section



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210.45; and that knowingly offering false written information, including but not limited to in the form of electronic submission, with the belief that it will become a part of the records of a public office and with the intent to defraud, is a Class E felony pursuant to New York State Penal Law Section 175.35.

Treasurer, initial here _____

Notary Public validation

I Swear or Affirm that:

I am the treasurer of record, and all financial activity related to the candidate's campaign, including the candidate's own activity, will be disclosed by the authorized committee listed on this form, which will file on the candidate's behalf, that all the information contained in the Application/Certification is complete and true, that I will comply with all laws and regulations related to participation in the Public Campaign Finance Program, and accept all the terms and conditions outlined in this Certification.

Treasurer, sign here:

| | |
|----------|--|
| X | |
|----------|--|

Notary Public or Commissioner of Deeds, sign here:

| | |
|----------|--|
| X | |
|----------|--|

Sworn to before me,
Date (mm/dd/yyyy) _____

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