



Statement of Competitive Opposing Candidate Instructions for State Legislative Candidates

State Senate & State Assembly

To receive the fullest amount of public matching funds, if otherwise eligible, 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.

To receive the fullest amount of public matching funds, if otherwise eligible, a Statement of Competitive Opposing Candidate must be submitted for each covered election (Primary, General or Special Election, as applicable).

Deadline for Submission

The deadline to submit a Statement of Competitive Opposing Candidate is ten (10) days before the applicable covered election.

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 Statement of Competitive Opposing Candidate Form they submit. Participating candidates may make multiple attempts for certification of an 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 Sought: _____

Opposing Candidate's Name: _____

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

Applicable Covered Election: Primary Election General Election Special Election

I assert the opposing candidate listed above meets one or more of the qualifications of a competitive candidate (check all that apply).

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 I am seeking to represent, 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.
 Name of Official and Office: _____

The opposing candidate has received three (3) or more endorsements from current or former state, county, city, town, or village elected officials who represent all or a part of the district I am seeking to represent (please list the officials and attach evidence of such endorsements).
 Name of Officials and Offices: _____

In the past ten (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 I am seeking to represent.
 Name of Official, Office Name and District, and Year of Election: _____

Within the past six (6) years, a General Election for the office and district I am seeking to represent was within a twenty-point (20) margin.
 Office and Year of Election: _____

The opposing candidate is self-funding in an amount equal to the minimum dollar threshold for eligibility; for State Senate, the minimum threshold is \$12,000* and for the State Assembly, the minimum dollar threshold is \$6,000*.

*These thresholds may be reduced by one-third for certain districts. Please see the PCFB website for specific information on districts subject to monetary threshold reduction.



NYS Public Campaign Finance Program
 PCF-23L Statement of Competitive Opposing Candidate Form

The opposing candidate previously held elective office.
 Candidate Name, Office Name and District, and Year of Election: _____

The opposing candidate has received the endorsement of one or more membership organizations with a membership of over one hundred fifty (150) members (party committee / constituted committee endorsements are not included). You must provide the name and description of the organization and attach evidence of the organization's endorsement.
 Provide the name of the organization and description of the organization: _____

Within the past eight (8) years, the opposing candidate received twenty-five (25) percent or more of the vote in an election for public office in an area encompassing all or part of the district I am seeking to represent.
 Candidate Name, Office Name and District, and Year of Election: _____

Applicable to the General Election ONLY: In the last eight (8) years, the General Election opponent was a major party candidate in a General Election contest for public office in an area encompassing all or part of the district that I am seeking to represent where the margin of victory was twenty (20) points or less.
 Candidate Name, Office Name and District, and Year of Election: _____

The opposing candidate has been deemed eligible to receive public funds payments for the covered election. *This form is not necessary if this is the only competitive criteria being claimed.*

Attestation

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

Signature of Candidate

Date