



## Statement of Competitive Opposing Candidate Instructions for Statewide Candidates

Governor/Lieutenant Governor, Attorney General, Comptroller

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 Statewide Candidates

Governor/Lieutenant Governor, Attorney General, Comptroller

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 any part of New York, or three (3) or more current/former state, county, city, town, or village elected officials who represent any part of New York.

Name of Official(s) and Office(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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 at least one hundred fifty (150) members (party committee / constituted committee endorsements are not included). You must provide the name and a description of the organization and attach evidence of the organization's endorsement.

Provide the name of the organization and a description of the organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The opposing candidate is self-funding in an amount equal to the minimum dollar thresholds for eligibility; for Governor/Lieutenant Governor, the minimum threshold is \$500,000; for Attorney General and Comptroller, the minimum threshold is \$100,000.

- 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 New York 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*