



# NYS Public Campaign Finance Program

## PCF-24 Request for Primary Election Funding Eligibility for Participating Candidates with No Primary Opponent Form Instructions

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### **Request for Primary Election Funding Eligibility for Participating Candidates with No Primary Opponent**

Governor/Lieutenant Governor, Attorney General, Comptroller,  
State Senate & State Assembly Candidates

### **Instructions**

Election Law §14-204(3) provides that a participating candidate who does not have a Primary Election opponent is generally ineligible for public matching funds for the Primary Election.

However, as an exception, if a participating candidate who is otherwise eligible to receive public matching funds is unopposed in their party's Primary Election, yet there is a Primary Election in an opposing major party (Democratic or Republican) for the same public office and district or for a statewide office, as applicable, that candidate can receive up to 50% of the statutory maximum amount of public funding for a Primary Election (i.e., \$1,750,000 for Governor/Lieutenant Governor, Attorney General, and Comptroller, \$187,500 for Senate and \$87,500 for Assembly).

Public matching funds must be used for qualified campaign expenditures incurred on or before the day of the Primary Election. Unspent public matching funds will be subject to review and repayment to the NYS Public Campaign Finance Board.

Participating candidates who do not have a Primary Election opponent but are seeking Primary Election funding must submit this signed form to claim eligibility for the funding.

### **Submitting The Request**

After completing the Request for Primary Election Funding Eligibility for Participating 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 Required**

The PCFB will review and approve or deny the validity of any request for Primary Election funding for participating candidates with no Primary Election opponent. The approval or denial of this request will be sent to the Candidate, Committee Treasurer, and to any additional point of contact designated by the committee.



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### Participating Candidate's Information

Participating Candidate's Name: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Committee's Filer ID: \_\_\_\_\_

Office/District Sought: \_\_\_\_\_

Party: \_\_\_\_\_

### Primary Election Information

Do you have opponent(s) participating in a Primary Election on the Democratic or Republican lines for the same office?     Yes     No

Name of Opponent(s): \_\_\_\_\_

Which Party Primary is Your Opponent In?     Democratic     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 Election public matching funds, even though I do not have a Primary Election opponent, the Primary Election public matching funds must be used for qualified campaign expenditures incurred on or before the day of the Primary Election. If my committee has any Primary Election public matching funds remaining after qualified campaign expenditures are incurred or paid on or before Primary Election Day, the amount of public matching funds I receive for the General Election will be reduced accordingly or must be otherwise returned to the Public Campaign Finance Board, as applicable.

\_\_\_\_\_  
*Signature of Candidate*

\_\_\_\_\_  
*Date*