

TYPE 2

POLITICAL ACTION COMMITTEE (PAC)  
CAMPAIGN FINANCE REGISTRATION FORM

NEW YORK STATE BOARD OF ELECTIONS

Section 14-100(16) and 14-118 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

Check the box that applies:

New Registration                       Amended Registration (Provide Filer ID#): \_\_\_\_\_

**A. COMMITTEE NAME:** \_\_\_\_\_

For Acronyms (See instructions): \_\_\_\_\_

**B. TREASURER:**

Full Name: \_\_\_\_\_

Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (P.O. Box allowed): \_\_\_\_\_ Apartment #: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number (Optional): \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

**C. DEPOSITORY/BANK:**

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

Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**D. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS** (Attach additional sheets if necessary):

Full Name: \_\_\_\_\_

Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**E. NAME OF ANY INDIVIDUAL(S) WHO EXERT OPERATIONAL CONTROL OVER THE PAC** (Attach additional sheets if appropriate):

Full Name: \_\_\_\_\_

Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

**F. NAME OF ANY SALARIED EMPLOYEE(S) OF THE PAC** (Attach additional sheets if appropriate):

Full Name: \_\_\_\_\_  
Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Residential Address (No P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The above information is true to the best of my knowledge and belief:

\_\_\_\_\_  
*Signature of Treasurer*

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

# PAC REGISTRATION INSTRUCTIONS

**Political Action Committee (PAC)** (EL 14-100(16)) means a political committee which makes no expenditures to aid or take part in the election or defeat of a candidate or to promote the success or defeat of a ballot proposal, other than in the form of contributions, including in-kind contributions, to candidates, candidate's authorized committees, party committees, constituted committees, or independent expenditure committees provided there is no common operational control between the political action committee and the independent expenditure committee; or in the form of communications that are not distributed to a general public audience. Common operational control means that the same individual or individuals exercise actual and strategic control over the day to day affairs of both the political action and the independent expenditure committees or the employees of the political action and the independent expenditure committees engage in communications related to the strategic operations of either committee.

## A POLITICAL ACTION COMMITTEE MUST:

- File this form within five days of choosing a treasurer and depository **and** prior to receiving or expending any funds.
- Complete this form and provide original signature(s) in ink. Copies of signatures, including those on faxes, PDFs or other electronic files are not acceptable.

**New Registration:** If registering a new committee, check this box. A Filer ID# may be assigned to the committee by the board, and should be used on all documents and correspondence.

**Amended Registration:** For an existing committee if any information previously filed has changed, check this box. A fully completed amended registration must be filed within two days of any change. Provide Filer ID# that was assigned.

---

**Item A:** Enter the name of the committee. If an acronym is used in the name of the committee (e.g. "NYSBOE" = "New York State Board of Elections"), please also spell out the acronym.

**Item B:** Enter the name of the treasurer of record for the committee. Residential address is mandatory; include building and apartment number, city or town, state and zip code. Social Security number is optional.

**Item C:** Your account must be opened at a banking organization authorized to do business in New York State. The branch where the account is opened and held must be physically located in New York State.

**Item D:** Provide the name and related information of the person(s), other than the treasurer, authorized to sign checks as applicable.

**Item E:** Disclose the name, residential address, city or town, state and zip code for any individual who exerts operational control over the political action committee (PAC) including their employer, and their employer's address.

**Item F:** Disclose the name, residential address, city or town, state and zip code of any salaried employee(s) of the political action committee (PAC).