

# TRANSITION AND INAUGURATION ENTITY ("TIE") REGISTRATION



Before you start raising or spending funds for your transition or inauguration into office, you must register a new transition and inauguration entity ("TIE") with the Campaign Finance Board. TIEs cannot be political committees, and you must create a new TIE for transition and inaugural activities—you may not use a pre-existing entity. TIEs do not register or file with the Board of Elections.



## New York City Campaign Finance Board

100 Church Street, 12<sup>th</sup> Floor, New York, NY 10007 • 212.409.1800  
www.nycffb.info • CSUmail@nycffb.info

# TRANSITION AND INAUGURATION ENTITY (“TIE”) REGISTRATION

THIS TIE MUST BE FILED BEFORE THE ELECTED CANDIDATE SUBMITS ANY DISCLOSURE STATEMENTS WITH THE CAMPAIGN FINANCE BOARD (“CFB”).

### **IMPORTANT INFORMATION — PLEASE READ**

Complete the entire TIE Registration. All mandatory fields have been marked with an “\*”. All pages must be submitted by mail or hand-delivery with original signatures of the candidate and treasurer. Incomplete or illegible forms will not be accepted. Any changes to the information provided require an amendment to the TIE.

Communications, both written and oral, will be directed to the elected candidate’s, treasurer’s, and/or principal committee’s address, telephone number, and/or email address.

**You must notify the CFB of any changes to the information.**

C-Access is the CFB’s interactive website for campaigns, providing secure online access to C-SMART (Candidate Software for Managing and Reporting Transactions), campaign information, and compliance notices. Campaign-specific usernames, passwords, and C-SMART encryption key will be issued to both the candidate and treasurer upon acceptance of the TIE.

C-SMART is the CFB’s proprietary web-based software that campaigns are required to use to enter all financial transactions and electronically submit disclosure statements to the CFB. **It is mandatory that email addresses be provided for both the candidate and treasurer as part of your registration with the CFB.**

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**Reminder:** Public servants are prohibited from using government resources for their campaigns. Do not list any government phone, email, or address as campaign contact information on this form. Government resources may only be included under the employment information of the candidate, treasurer, or campaign liaison(s) (if applicable).



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## TRANSITION AND INAUGURATION ENTITY (“TIE”) REGISTRATION

1. ELECTION CYCLE (MUST CHECK ONLY ONE)						
<input type="checkbox"/> 2017T		<input type="checkbox"/> SPECIAL ELECTION _____			<input type="checkbox"/> OFF-YEAR _____	
2. ELECTED CANDIDATE NAME AND HOME ADDRESS						
Enter the elected candidate's name, address, telephone numbers, and email address.						<b>CFB USE ONLY</b>
MR.	MRS.	MS.	LAST*	FIRST*	M.I.	
STREET ADDRESS*				APARTMENT NUMBER		
CITY*			STATE*	ZIP CODE*		
DAY TELEPHONE* (     )     )			EVENING TELEPHONE (     )     )			
E-MAIL ADDRESS*						
OFFICE ELECTED TO			PARTY REGISTRATION			
3. ELECTED CANDIDATE EMPLOYMENT						
Enter the elected candidate's employment information.						
EMPLOYER NAME*						
STREET ADDRESS						
CITY		STATE	ZIP CODE			
DAY TELEPHONE (     )     )		EVENING TELEPHONE (     )     )				
4. TIE AUTHORIZED BY ELECTED CANDIDATE						
Enter the name, address, and mailing address (if different) of the TIE.						
TIE NAME*						
STREET ADDRESS*				APARTMENT NUMBER		
CITY*		STATE*	ZIP CODE*			
DAY TELEPHONE* (     )     )		EVENING TELEPHONE (     )     )				
E-MAIL ADDRESS*						
MAILING ADDRESS (IF DIFFERENT)						
STREET ADDRESS				APARTMENT NUMBER		
CITY		STATE	ZIP CODE			

**5. TREASURER / DESIGNATED OFFICER NAME AND HOME ADDRESS**

Enter the treasurer/designated officer's name, address, telephone numbers, and email address.

MR.	MRS.	MS.	LAST*	FIRST*	M.I.
STREET ADDRESS*					APARTMENT NUMBER
CITY*			STATE*	ZIP CODE*	
DAY TELEPHONE* (      )			EVENING TELEPHONE (      )		
E-MAIL ADDRESS*					

**6. TREASURER / DESIGNATED OFFICER EMPLOYMENT**

Enter the treasurer/designated officer's employment information.

EMPLOYER NAME*					
STREET ADDRESS					
CITY			STATE	ZIP CODE	
TELEPHONE (      )					

**7. TIE LIAISON (IF APPLICABLE)**

If you would like a person to function as a liaison to the CFB in addition to the elected candidate and treasurer, enter the person's name, address, telephone numbers, and email address.

MR.	MRS.	MS.	LAST	FIRST	M.I.
STREET ADDRESS					APARTMENT NUMBER
CITY			STATE	ZIP CODE	
DAY TELEPHONE (      )			EVENING TELEPHONE (      )		
E-MAIL ADDRESS					
EMPLOYER					

**8. CONTACT ORDER**

Select the order in which you would like the CFB to contact representatives of your TIE. We try to contact your representatives in the order selected, however if we are unable to reach the individual, we will call or email the elected candidate and treasurer directly. Additionally, certain written notices will be sent directly to the elected candidate and treasurer's home address notwithstanding the order requested.

The elected candidate should be contacted:\*       First       Second       Third  
 The treasurer/designated officer should be contacted:\*       First       Second       Third  
 The liaison should be contacted:       First       Second       Third

**9. BANK/DEPOSITORY ACCOUNT(S)**

List all bank accounts to be used by the TIE.

BANK/DEPOSITORY NAME*							
CITY*				STATE*		ZIP*	
ACCOUNT NUMBER*				ACCOUNT NAME (IF ANY)			
DATE OPENED*	MONTH*	DAY*	YEAR*	TYPE OF ACCOUNT (SELECT ONE)*		TYPE OF ACCOUNT*	
DATE CLOSED (IF ANY)	MONTH	DAY	YEAR	<input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____		<input checked="" type="checkbox"/> TRANSITION AND INAUGURATION ENTITY (TIE)	
CURRENT BALANCE \$*	MONTH*	DAY*	YEAR*				

**CFB USE ONLY**

**ATTACH ADDITIONAL FORM PAGE(S) IF THE TIE HAS MORE THAN ONE BANK ACCOUNT.**

**10. VERIFICATION**

The elected candidate and the treasurer or officer who is designated to sign the disclosure reports must read and sign the "Verification". These signatures must be notarized.

I understand that intentionally or knowingly making a false statement or intentionally or knowingly violating any provision of the transition and inaugural donations sections of the New York City Administrative Code is a Class A misdemeanor pursuant to Section 3-802 of the Administrative Code.

I understand that knowingly making a false written statement is a Class A misdemeanor pursuant to New York State Penal Law Section 210.45.

I understand that knowingly offering false written information with the belief that it will become 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.

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC\*

\_\_\_\_\_  
ELECTED CANDIDATE SIGNATURE\*

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC\*

\_\_\_\_\_  
TREASURER / DESIGNATED OFFICER SIGNATURE\*