



## HOW TO SUBMIT YOUR BACKUP DOCUMENTATION

- ✦ **Organize all backup documentation in ascending order according to the transaction ID number from C-SMART. Backup documentation that is not in order will not be accepted.** This is a common mistake and one that can be easily avoided.
- ✦ Never cut out checks, money orders or contribution cards. Always copy them onto **FULL SIZE** sheets of paper. Anything smaller will not be accepted.
- ✦ When copying **multiple checks on one page**, make sure the checks are in transaction ID order and that they are facing the same direction, as shown in the attached sample. See page 2.
- ✦ When copying a **contribution card with a money order or check** on the same page, make sure the contribution card and the money order or check are facing the same direction, as shown in the attached sample. See page 3.
- ✦ When copying **multiple contribution cards on one page** (e.g., for cash contributions), make sure the contribution cards are in transaction ID order and that they are facing the same direction, as shown in the attached sample. See page 4.
- ✦ When copying **multiple documents on one page**, make sure they do not overlap and block potentially important information.

### NOTE

If you are not using the contribution card sample provided by the CFB, where we have included a “For Committee Use Only” box to write the transaction ID, please write the transaction ID on the upper right hand corner of the page.

**See samples of acceptable backup documentation on the following pages of this packet.**

# Committee: Sophia for Council

Valerie Russell 124  
37 Duane Street  
New York, NY 10007

DATE January 25, 2014

Pay to the order of: Sophia for Council \$ 175.00  
One Hundred and Seventy five Dollars and xx/100 DOLLARS

MEMO Valerie Russell

| : 005367894 | : 18695678

1 | 50

Juan Solis 504  
82-56 Roosevelt Avenue  
Jackson Heights, NY 11372

DATE February 2, 2014

Pay to the order of: Sophia for Council \$ 50.00  
Fifty Dollars and xx/100 DOLLARS

MEMO Good Luck Juan Solis

| : 651067894 | : 12473578

1 | 53

 Amanda Lee 232  
71-01 Main Street  
Flushing, NY 11367

DATE March 1, 2014

Pay to the order of: Sophia for Council \$ 1000.00  
One Thousand Dollars and xx/100 DOLLARS

MEMO Amanda Lee

| : 63897894 | : 39473578

1 | 55

Kate Adams 164  
2 Rector Street  
New York, NY 10006

DATE March 15, 2014

Pay to the order of: Sophia for Council \$ 250.00  
Two Hundred and Fifty Dollars and xx/100 DOLLARS

MEMO Kate Adams

| : 095367894 | : 13855678

1 | 57

**CONTRIBUTION CARD**

(The contributor should complete and review the card in its entirety.)

Committee Use Only

Transaction ID: 70

**SOPHIA FOR COUNCIL**

Contribution Type     Check     Cash     Money Order

Amount \$ 100

Contributor Name Hannah Daniels

Home Address 200 Chambers Street

City/State/Zip New York, NY 10007

Optional: Tel. \_\_\_\_\_ Email \_\_\_\_\_

To comply with New York City Campaign Finance Board reporting requirements, provide your employment information. If you are not employed, indicate what best describes your employment status (e.g., "homemaker", "retired", "student," or "unemployed"). If self-employed, indicate employer as "self" and provide your occupation and employment address.

Employer Self Employed    Occupation Artist

Business Address 200 Chambers Street

City/State/Zip New York, NY 10007

I understand that State law requires that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being made from my personal funds, is not being reimbursed in any manner, and is not being made as a loan.

Hannah Daniels  
Contributor's Signature

Today's Date  
Date of Contribution

If a contributor has business dealings with the City as defined in the Campaign Finance Act, such contributor may contribute only up to \$250 for city council, \$320 for borough president and \$400 for mayor, comptroller or public advocate.

If you are "doing business" with the City, please complete the following:

With Which City Agency	
Doing Business Type (e.g., Contracts)	
Name of Doing Business Entity	
Your Position (e.g., CEO)	

MONEY ORDER			
SERIAL NUMBER <b>02543750594</b>	YEAR, MONTH, DAY 2014-04-05	POST OFFICE 103131	U.S. DOLLARS AND CENTS <b>\$\$\$100.00¢</b>
AMOUNT <b>ONE HUNDRED DOLLARS &amp; 00¢ *****</b>			
PAY TO <u>Sophia for Council</u>	<b>NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS</b>		
ADDRESS	FROM <u>Hannah Daniels</u>	CLERK 0012	
C.O.D. NO. OR USED FOR	ADDRESS <u>200 Chambers St.</u> <u>New York, NY 10007</u>		
: 591000604   : 64801578			

11/70

**CONTRIBUTION CARD**

(The contributor should complete and review the card in its entirety.)

Committee Use Only  
Transaction ID: 72

**SOPHIA FOR COUNCIL**

Contribution Type  Check  Cash  Money Order

Amount \$ 25.00

Contributor Name Ellen Cunningham

Home Address 9251 Kings Highway

City/State/Zip Brooklyn, NY 11212

Optional: Tel. \_\_\_\_\_ Email \_\_\_\_\_

To comply with New York City Campaign Finance Board reporting requirements, provide your employment information. If you are not employed, indicate what best describes your employment status (e.g., "homemaker", "retired", "student," or "unemployed"). If self-employed, indicate employer as "self" and provide your occupation and employment address.

Employer USC Consulting Occupation Accountant

Business Address 1125 Eastern Parkway

City/State/Zip Brooklyn, NY 11213

I understand that State law requires that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being made from my personal funds, is not being reimbursed in any manner, and is not being made as a loan.

Ellen Cunningham  
Contributor's Signature

Today's Date  
Date of Contribution

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If you are "doing business" with the City, please complete the following:

With Which City Agency	
Doing Business Type (e.g., Contracts)	
Name of Doing Business Entity	
Your Position (e.g., CEO)	

**CONTRIBUTION CARD**

(The contributor should complete and review the card in its entirety.)

Committee Use Only  
Transaction ID: 75

**SOPHIA FOR COUNCIL**

Contribution Type  Check  Cash  Money Order

Amount \$ 25.00

Contributor Name Gloria Jones

Home Address 245 West 72nd Street

City/State/Zip New York, NY 10023

Optional: Tel. \_\_\_\_\_ Email \_\_\_\_\_

To comply with New York City Campaign Finance Board reporting requirements, provide your employment information. If you are not employed, indicate what best describes your employment status (e.g., "homemaker", "retired", "student," or "unemployed"). If self-employed, indicate employer as "self" and provide your occupation and employment address.

Employer Morgan Stanley Occupation Accountant

Business Address 1585 Broadway

City/State/Zip New York, NY 10036

I understand that State law requires that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being made from my personal funds, is not being reimbursed in any manner, and is not being made as a loan.

Gloria Jones  
Contributor's Signature

Today's Date  
Date of Contribution

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If you are "doing business" with the City, please complete the following:

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Doing Business Type (e.g., Contracts)	
Name of Doing Business Entity	
Your Position (e.g., CEO)	