



**2012 VENDOR FORM**

**MAINE CLEAN ELECTION ACT CANDIDATES**

- Please print clearly. Payments of MCEA funds are made based on the information on this form.
- If you have designated your treasurer (or committee to receive the check(s) or EFT correspondence, enter the address of your treasurer (or committee) on lines 4 and 5 in section 3.

**Submit completed form to:**  
 Ethics Commission  
 135 State House Station  
 Augusta, ME 04333  
 207-287-4179

**TO PROCESS THIS FORM, ALL INFORMATION/FIELDS WITH AN ASTERISK (\*) MUST BE COMPLETED.**

**Section 1.** Please check the appropriate boxes:

New Vendor     Address Change     Name Change     Contact Update     EIN Change

**Section 2.** Enter either your social security number or your campaign EIN, if you are using one.

Social Security Number\*

EIN for Campaign\*

<b>S#</b>	<b>or</b>	<b>E#</b>
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**Section 3.** Complete the "NEW" section when submitting this form for the 2012 elections. If there is a change in any of the information during the election cycle (e.g., address change), complete both the "NEW" and "OLD" sections. Please contact the Commission if you have questions.

**This section will affect all transactions with ALL state agencies**

<b>NEW</b>		<b>OLD</b>
Candidate's Name*:	Line 1	Candidate's Name*:
Payee is*: <input type="checkbox"/> Candidate <input type="checkbox"/> Committee <input type="checkbox"/> Treasurer Check correct box If payee is not the candidate, enter name below.  Payee Name*:	2	Payee is*: <input type="checkbox"/> Candidate <input type="checkbox"/> Committee <input type="checkbox"/> Treasurer Check correct box If payee is not the candidate, enter name below.  Payee Name*:
Enter address where check/EFT correspondence is to be sent*	3	Enter address where check/EFT correspondence is to be sent*
Tel #*	4	Tel #*
	5	
	6	

**Section 4.** Sign the form, print your name, fill in the date, and complete the contact information. The date cannot be more than 3 months old when received by the Division of Financial and Personal Services.

Signature of Candidate\*

Contact Name

Print Name\*

Phone Number for Contact Name

Date\* (Submit this form within 3 months of this date)