

1.

CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed within 10 days in writing or by email to the Commission.

 🗆 No

CANDIDATE INFORMATION

Financing Type:	□ Maine Clean Election Act (MCEA)			Traditionally Financed
Title (optional):		Gender (optional):	Party Affiliation:	Office Sought & District Number:
□ Ms. □ Mrs. □ Mr. □ Mx. □	Dr. 🗆 Hon.			
Name: First	MI or Mid	dle Name	Last	
Mailing Address:				Public Phone:
City:	ZIP Code:			Alternate Phone (Commission use only):
Email (Required):				

2.		TREASURER INFORMATION	
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			
City:	ZIP Code:	Email (Required):	

DESIGNATION OF TREASURER: A candidate for office must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Commission the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. A MCEA candidate may serve as treasure for no more than 14 days following the date of registration. 21-A MRSA §§ 1013-A and 1125(12-A))

2A. DEPUTY TREASURER INFORMATION (optional)			
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			
Maning Address.			
City:	ZIP Code:	Email (Required):	

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer and notify the Commission no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. A MCEA candidate may serve as deputy treasurer for no more than 14 days following the date of registration. (21-A MRSA §§ 1013-A and 1125(12-A)) (21-A MRSA § 1013-A (1)(A)(1))

3. AUTH	AUTHORIZED AGENT INFORMATION (optional)		
Name:	Phone:	Email (Required):	
Name:	Phone:	Email (Required):	

DESIGNATION OF AUTHORIZED AGENT (optional): Please use this section to designate individuals, other than the treasurer and deputy treasurer, authorized to file reports on your behalf.

4. POLITICAL	POLITICAL COMMITTEE INFORMATION (optional)		
Name:		Phone:	
Address of Campaign Headquarters:	City:	ZIP Code:	

DESIGNATION OF POLITICAL COMMITTEE (optional): The candidate may form a political or campaign committee. Within 10 days of forming the committee and before accepting contributions, making expenditures or incurring obligations, the candidate must:

- appoint a treasurer (the candidate may have only one treasurer who is listed in Section 2) and
- register the committee and its officers, if any are appointed, with the Commission. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City: ZIP	Code: Email:
Name:	Title:	Phone:
Mailing Address:	City: ZIP	Code: Email:
5.	CERTIFICATION	
l.	. certify that the information in this registrati	on is true, accurate and complete.

(Print Candidate's Full Name)

certify that the information in this registration is true, accurate and

Date:

Signature of Candidate: _____

6.

REPORTING EXEMPTION REQUEST

Only county and municipal candidates, and legislative candidates in an uncontested primary election may request an exemption.

A candidate may request an exemption from the obligation to appoint a treasurer and file campaign finance reports if the candidate does not accept any cash or in-kind contributions or make any expenditures for his or her campaign. You cannot request a reporting exemption if you use your or your spouse's/domestic partner's personal funds to pay for your campaign expenses. To request an exemption, complete the statement below and sections 1 & 5, have the form notarized, and submit it to the Commission.

STATEMENT OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate:	Date:
Subscribed and sworn (affirmed) to before me this day of, 20	_
Signature of Notary/Attorney-at-law:(Seal is optional)	My commission expires:(Date)

REVOCATION NOTICE: The foregoing statement may be revoked. Prior to revocation, the candidate must appoint a treasurer. A revocation notice must be in the form of an amended registration which must be filed with the Commission no later than 10 days after the date the treasurer is appointed. The notice must be filed before contributions are accepted or expenditures made. A late revocation notice is subject to the same penalties applicable to late campaign finance reports.



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

> Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

MAINE CODE OF FAIR CAMPAIGN PRACTICES

(Optional under 21-A M.R.S.A. § 1101(2))

I shall conduct my campaign and, to the extent reasonably possible, insist that my supporters conduct themselves, in a manner consistent with the best Maine and American traditions, discussing the issues and presenting my record and policies with sincerity and candor.

I shall uphold the right of every qualified voter to free and equal participation in the election process.

I shall not participate in and I shall condemn defamation of and other attacks on any opposing candidate or party that I do not believe to be truthful, provable and relevant to my campaign.

I shall not use or authorize and I shall condemn material relating to my campaign that falsifies, misrepresents or distorts the facts, including, but not limited to, malicious or unfounded accusations creating or exploiting doubts as to the morality, patriotism or motivations of any party or candidate.

I shall not appeal to and I shall condemn appeals to prejudices based on race, creed, sex or national origin.

I shall not practice and I shall condemn practices that tend to corrupt or undermine the system of free election or that hamper or prevent the free expression of the will of the voters.

I shall promptly and publicly repudiate the support of any individual or group that resorts, on behalf of my candidacy or in opposition to that of an opponent, to methods in violation of the letter or spirit of this code.

I, the undersigned candidate for election to public office in the State of Maine, hereby voluntarily endorse, subscribe to and solemnly pledge to conduct my campaign in accordance with the above principles and practices.

Date

Candidate's Signature

Office Sought and District

Printed Name



Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

STATEMENT CONCERNING VOLUNTARY EXPENDITURE LIMITS (Optional) For Traditionally Financed Legislative Candidates Only

Traditionally financed legislative candidates may voluntarily agree to the following expenditure limits:

- A. For State Senator, \$25,000 per election
- B. For State Representative, \$5,000 per election

The expenditure limits are for <u>each</u> election. For example, a candidate for State Senate who is on the ballot for the primary and the general election and who agrees to accept the limits may spend up to \$25,000 for the primary election and up to \$25,000 for the general election. The limitations may not be carried forward from one election to another.

I understand and accept the voluntary spending limits on political expenditures. I understand that the limit covers the sum of all expenditures made to influence a single election that are made by me, or made on my behalf by my party or my immediate family if coordinated with my campaign. I also affirm that I will not condone and will not solicit any independent expenditures made on my behalf.

I do not agree to the voluntary spending limits on political expenditures.

Candidate's Signature

Date

Print Name