



## CANDIDATE REGISTRATION

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

Is this an amendment?    Yes    No

1. CANDIDATE INFORMATION			
<b>Financing Type:</b>		<input type="checkbox"/> <b>Maine Clean Election Act (MCEA)</b>	<input type="checkbox"/> <b>Traditionally Financed</b>
Title (optional): <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon.	Gender (optional): <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	Party Affiliation:	Office Sought & District Number:
Name: First	MI or Middle Name	Last	
Mailing Address:			Public Phone:
City:	ZIP Code:	Alternate Phone ( <i>Commission use only</i> ):	
Email ( <b>Required</b> ):			

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

**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:			
City:	ZIP Code:	Email ( <b>Required</b> ):	

**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))

<b>3. AUTHORIZED AGENT INFORMATION (optional)</b>		
Name:	Phone:	Email <b>(Required)</b> :
Name:	Phone:	Email <b>(Required)</b> :

**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.

<b>4. POLITICAL COMMITTEE INFORMATION (optional)</b>		
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:

<b>5. CERTIFICATION</b>
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I, \_\_\_\_\_, certify that the information in this registration is true, accurate and complete.  
(Print Candidate's Full Name)

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

<b>6. REPORTING EXEMPTION REQUEST</b>
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**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: \_\_\_\_\_ My commission expires: \_\_\_\_\_  
(Seal is optional) (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.



## 2026 DECLARATION OF INTENT To Seek Certification as a Maine Clean Election Act Candidate

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Candidate's Name: \_\_\_\_\_  
(Please Print)

I hereby declare my intent to become certified as a Maine Clean Election Act candidate and to comply with the requirements of the Maine Clean Election Act. I authorize the Commission to conduct a financial audit of my campaign, including but not limited to financial records and account(s). I affirm the following in support of this Declaration of Intent:

- That I am seeking certification as a Maine Clean Election Act candidate.
- That I understand that any qualifying contribution I collected more than five business days before filing this Declaration of Intent with the Commission will not be counted toward the eligibility requirement.
- That I have raised and spent only seed money contributions since becoming a candidate, and that I will continue to comply with applicable seed money restrictions.
- That I will deposit and maintain all Maine Clean Election Act funds I receive in an account to be used solely for campaign purposes, and that all my payments of Maine Clean Election Act funds will comply with the Commission's expenditure guidelines.
- That I will obtain and keep campaign records required by the Maine Clean Election Act and by the Commission's rules and policies.
- That I have received or will obtain from the Commission the current Candidate Guidebook containing the Commission's policies.
- That I have elected to participate in this voluntary public financing program, and understand that it is my responsibility to review and to comply with the Maine Election Law, and the Commission's rules and policies.

I certify that the above affirmations are true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's Signature



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](http://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))

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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.

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Date

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Candidate's Signature

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Office Sought and District

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Printed Name



# State of Maine Substitute W-9 & Vendor Authorization Form

PURPOSE: To establish or update an account with the State of Maine's accounting system. Complete this form if: 1) You will receive payment from the State of Maine, and/or 2) You are a vendor who provides services or goods to the State of Maine. This form replaces the IRS W-9 form per the IRS W-9 language; "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9."

Return to:  
**Maine Ethics Commission**  
**135 State House Station**  
**Augusta, ME 04333-0135**  
**207-287-4179**

FILL OUT FORM COMPLETELY - ALL AREAS WITH \* ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

### TYPE OF REQUEST\*: (Must select one.)

**New Request** |  **New Location/Additional Entry** |  **Change** |  Legal Name |  Phone # |  Contact Info |  Payment Address  
 DBA Name |  Care Of |  Email Only |  Ordering Address

**TAXPAYER ID NUMBER\* (TIN) (Provide ONE only)** Social Security # (person) or a Federal Employer ID # (business) TIN

<b>TIN Type *</b> choose ONE	<b>Organization Type *</b>	<b>Classification *</b> choose ONE	<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Estate
<input checked="" type="checkbox"/> Social Security No. ⇨	<input checked="" type="checkbox"/> Individual ⇨	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Employer ID No. ⇨	<input type="checkbox"/> Company ⇨	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
		<input type="checkbox"/> Other Gov't	<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> State Gov't
			<input type="checkbox"/> Estate	<input type="checkbox"/> Other Non-Profit Org
			<input type="checkbox"/> Other	<input type="checkbox"/> Foreign (W8 required)

### LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)

Legal Name\*  Alias/DBA

**Other Info** Vendor Customer Number (if known) VC#/VS#  Account/Client/Provider Number (if known)

### Payment Address\* My Billing Address Admin. Address is the same.

Address  C/O   
City/State/Zip  Phone

**Contact\***  
Name  Phone  Ext   
Email   Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

### Procurement/Physical Address\* My Billing Address Admin. Address is the same.

Address  C/O   
City/State/Zip  Phone

**Contact\***  
Name  Phone  Ext   
Email

**Authorized Signature, Title & Current Date\*** \_\_\_\_\_

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U. S. citizen or other U. S. person (defined by the IRS). Ref: www.irs.gov

OFFICE USE ONLY State Agency & SHS #	Information on State Agency Submitting Vendor Form Agency Contact Person Name & Title	OFFICE USE ONLY Contact's Phone #
<b>Ethics, 135 SHS</b>	<b>Julie Aube, Commission Assistant</b>	<b>(207) 287-4179</b>

## INSTRUCTIONS FOR COMPLETING VENDOR FORM

**This Vendor form must be submitted to the Commission in order for the State to issue a payment of Maine Clean Election Act funds to a candidate. Please submit this form when you register. You do not need to set up a campaign bank account before submitting this form.**

- All candidates participating in the Maine Clean Election Act program must submit this form **when they register** with the Commission. Check “New Request.”
- The taxpayer identification number (TIN) is either the candidate’s social security number (SSN) or a federal employer identification number (FEIN) if you obtained one from the IRS for your campaign committee. Do not use the treasurer’s SSN.
- “Organization Type” is either “Individual/Candidate” if SSN used or “Committee with FEIN” if FEIN used. “Classification” is either “Individual” if SSN used or “Other” if FEIN used.
- The “Legal Name” is either:
  - a. the candidate’s name, if the TIN is the candidate’s SSN; or
  - b. the committee’s name, if the TIN is the campaign committee’s FEIN.

The legal name must match the name used to get an SSN or an FEIN, if you have a campaign committee. If the candidate is using a “DBA” committee, the “Legal Name” is still the candidate’s name. A committee’s name can be entered as a “Legal Name” only if a committee has an FEIN.

- **The address on this Vendor form must be the same address on your candidate registration for either you or your treasurer or your campaign committee.** If you use EFT/direct deposit to receive your payments, the “Payment Address” on the Vendor form and the “Address of Payee” on the EFT/direct deposit form must match. Please notify the Commission if an address change is needed on your registration.
- **Do not fill out the “Physical Address” section (grayed area).**
- Complete the “Contact” section with the name, email address, and phone number of the person you want the state’s accounting staff to contact concerning questions about your vendor information.
- “Candidate’s Signature” section includes a new IRS requirement. State vendor forms must meet IRS W-9 requirements if a W-9 is not used. MCEA payments are coded as “non-reportable funds” in the State’s accounting system and therefore are not considered as income and subject to withholding. By signing, you are certifying that the TIN number used on this form is correct and that you are a U.S. citizen.
- **Sign and date the form.**
- Please hand-deliver or mail the completed original form to the Commission at the above addresses.
- **Faxed or scanned copies will not processed. The complete and signed original is required.**
- If you need to make any changes to your vendor information, please contact the Commission first.

STATE OF MAINE  
ACTIVATION/CHANGE REQUEST FOR DIRECT DEPOSIT / EFT

Mail to:  
MAINE ETHICS COMMISSION  
135 STATE HOUSE STATION  
AUGUSTA, ME 04333-0135

**We require you to submit a  
voided check or letter from your  
bank for account verification.**

Choose ONE  
 NEW  
 CHANGE

Payee's Name   
Contact Person's Name & Phone # (If different from Payee)   
Address of Payee (Street/PO, City, State, & Zip)   
Email

TIN of Payee\*  Choose ONE  
 SSN  
 EIN  
\* TIN is required ~ Employer ID No. or Social Security No.  
Vendor Code  Include VC or VS  
One Vendor Code (VC/VS) Number per a form & can be provided by agency.  
 I authorize the State of Maine to send DD/EFT payment detail to the email address included.

**By signing and returning this document, you agree to the following statement:**

I, the below signed, authorize you to electronically transfer payments to the account provided below. I/we authorize the Agency to initiate credit entries and debit entries (only for the purposes of correcting an erroneous credit provided that, prior to the debit I/we are notified by the Agency in writing of the reason) to my/our account at the below named financial institution. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

**OLD** Bank Info: *This section is for CHANGES ONLY ~ For New bank set up, please skip to **NEW** section below.*

Name on Account  Routing #   
(Transit/ABA #)  
Name of Financial Institution  Account #   
Address of Financial Institution (Street/PO, City, State, Zip & Phone)   
Choose ONE  
 Savings  
 Checking

**You MUST notify us of changes to your name, address, & contact info by completing a Vendor Activation/Change form.**  
**Locate our forms at: <http://www.maine.gov/osc/forms/index.shtml> (Under VENDOR section.)**

**NEW** Bank Info: *\*New bank info is **REQUIRED** to be written on this document.*

Name on Account\*  Routing # \*   
(Transit/ABA #)  
Name of Financial Institution\*  Account # \*   
Address of Financial Institution\* (Street/PO, City, State, Zip & Phone)   
Choose ONE  
 SAVINGS  
 CHECKING

**We require you to submit a voided check or letter from your bank for account verification.**

Signature of Payee\* \_\_\_\_\_ Date   
(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

## INSTRUCTIONS FOR COMPLETING REQUEST FOR EFT/DIRECT DEPOSIT FORM

***This direct deposit request takes four weeks to process. You must submit this form to the Commission at least one month before the certification deadline.***

- Check “New” at the top right corner of the form.
- The “Payee’s Name” must be the same as the “Legal Name” used on your vendor form.
- “TIN” is the same taxpayer identification number (TIN) you used on your vendor form - either the candidate’s social security number (SSN) or a federal employer identification number (EIN or FEIN) if you have a campaign committee. Do not use the treasurer’s SSN.
- Complete the “Contact Person’s Name & Phone” section, if you want the state’s accounting staff to contact someone other than you with questions about your direct deposit request.
- The “Payment Address” must be the same payment address used on your vendor form.
- If you want your direct deposit/EFT correspondence sent to an email address rather than mailed to you or your treasurer, check the box to the left of the email address you entered.
- Read the authorization statement and check the box.
- Complete the “NEW Bank Info” section with your campaign account name, bank or credit union name, the routing number, and account number.
- Do not enter any information in the “OLD Bank Info.” If you need to change your bank account information, please contact your Candidate Registrar.
- “Name on Account” is the name you have given the bank for the account and usually is the name that appears on your campaign checks (e.g., “Jones for House,” “Mary Jones Senate 2010,” “Brad White, DBA Committee to Elect Brad,” “Emily Smith c/o Ann Black, Treasurer”). It is not the account holder’s name - unless that is the name you gave the account for the bank.
- **Attach a voided pre-printed check or letter from your bank that includes the routing and account numbers and the account name. A starter check or deposit slip will not be accepted.** The form will not be processed without the required forms of bank verification (a voided pre-printed check or bank letter).
- **Sign and date the form.**
- Please mail the completed form to the Maine Ethics Commission, 135 State House Station, Augusta, ME 04333, or hand-deliver it to 45 Memorial Circle, Augusta, Maine.
- **A faxed or scanned copy will not be processed. A complete and signed original form with a voided pre-printed check or bank letter is required.**
- If you have any questions about this form, please contact the Commission at 287-4179.