

# REGISTRATION: BALLOT QUESTION COMMITTEE

## For Persons and Organizations Other than PACs Involved in Ballot Question Elections

Any person not defined as a political action committee who receives contributions or makes expenditures, other than by contribution to a political action committee or ballot question committee, aggregating in excess of \$5,000 for the purpose of initiating or influencing a ballot question shall register with the [municipality] as a ballot question committee within 7 days of receiving contributions or making expenditures that exceed \$5,000. (21-A M.R.S.A. §1056-B)

An Initial Campaign Finance Report must accompany this form. Ballot Question Committees must report all contributions and expenditures, whether cash or in-kind, made from the beginning of the campaign. Be sure to include expenditures such as those associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising expenses.

Is this an amendment?  Yes  No

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

### BALLOT QUESTION COMMITTEE INFORMATION

COMMITTEE NAME

ACRONYM

MAILING ADDRESS

PHONE

CITY, STATE, ZIP CODE

FAX

EMAIL

ALTERNATE EMAIL 1

ALTERNATE EMAIL 2

WEB ADDRESS

### TREASURER INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

PHONE

CITY, STATE, ZIP CODE

ALTERNATE PHONE

EMAIL

FAX

ROLE (check all that apply)

Legislator

Candidate

### PRINCIPAL OFFICER INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

PHONE

CITY, STATE, ZIP CODE

ALTERNATE PHONE

EMAIL

FAX

ROLE (check all that apply)

Legislator

Candidate

**DESIGNATED FILING AGENT(S) (OPTIONAL)**

FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		PHONE
FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		PHONE

**STATEMENT OF SUPPORT OR OPPOSITION**

Indicate the ballot question(s), referendum, or initiated petition(s) the committee supports or opposes.

- Support
- Oppose
- Support
- Oppose

**PRIMARY FUNDRAISERS & DECISION MAKERS**

Identify the primary fundraisers and decision makers for the committee and whether they are also a Legislator or candidate.

FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		

ROLE (check all that apply)  Fundraiser  Decision Maker  Legislator  Candidate

FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		

ROLE (check all that apply)  Fundraiser  Decision Maker  Legislator  Candidate

FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		

ROLE (check all that apply)  Fundraiser  Decision Maker  Legislator  Candidate

**FORM OF ORGANIZATION**

Name the form or structure of organization (i.e., cooperative, corporation, voluntary association, partnership, etc.)

FORM OF ORGANIZATION	DATE OF ORIGIN OR INCORPORATION
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**FOUNDING ORGANIZATIONS/INDIVIDUALS**

Was this committee formed by one or more for-profit or non-profit corporations, organizations, or individuals? (Use additional sheets as necessary.)

IF YES, NAME OF CORPORATION, ORGANIZATION OR INDIVIDUAL

Yes \_\_\_\_\_  
ADDRESS

No \_\_\_\_\_  
CITY, STATE, ZIP CODE

PHONE \_\_\_\_\_

**SIGNATURE OF PRINCIPAL OFFICER, TREASURER, OR OTHER AUTHORIZED INDIVIDUAL**

NAME OF SIGNER	TITLE
SIGNATURE	DATE

**IMPORTANT NOTICE:**

An initial campaign finance report must be filed with the municipality at the time of registration.