

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

REGISTRATION OF LEGISLATIVE DESIGNEE(S) FOR STATE DEPARTMENTS & AGENCIES

Instructions

Requirements and definitions. Each state department or independent agency must register its legislative designees with the Maine Ethics Commission within 15 days of the convening of a regular legislative session. A legislative designee is any employee who: (1) is directed by the head of a department or agency to lobby for the department or agency or (2) is reasonably expected to lobby for the department or agency for more than 10 hours during the session.

Completing the registration. A department or agency registers all its legislative designees on a single form, rather than an individual form for each legislative designee. You must use this registration form and may duplicate Schedule A as needed. Legislative designee registrations must be submitted annually prior to the beginning of a regular legislative session.

Amending a registration. A department or agency must notify the Commission in writing within fifteen (15) business days of any change to its legislative designees. After the annual registration is submitted, the department or agency must submit a Legislative Designee Change Form to add or remove a legislative designee.

Public listing. A list of all legislative designees will be available to the public on the Commission's website.

Department / Agency Information				
Department /Agency Name				
Board of Licensure in Medicine				
Main Office Mailing Address				
137 State House Station				
City Augusta	State ME		Zip 04333	
Person Completing Form				
Full Name		Title		
Timothy Terranova		Executive Director		
Mailing Address (if different from the main office)				
Cit.	State		7:-	
City	State		Zip	
Email	Phone		Fax	
tim.e.terranova@maine.gov	207-287-6930		207-287-6590	

SCHEDULE A

LEGISLATIVE DESIGNEES

Name	Title	Email
Name		
	Executive Director	tim.e.terranova@maine.gov
Timothy Terranova		
Mailing Address (if different)	Bureau/Division	Phone
	Board of Licensure in Medicine	
Name	Title	Email
Mailing Address (if different)	Bureau/Division	Phone
Name	Title	Email
Mailing Address (if different)	Bureau/Division	Phone
Maining Address (il different)	Dureau/Division	FIDIE
Name	Title	Email
Mailing Address (if different)	Bureau/Division	Phone
Name	Title	Email
Mailing Address (if different)	Bureau/Division	Phone