

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

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## **2022 CANDIDATE REGISTRATION**

		ed within 10 days in writir Yes □ No	ng or by e-mail to the Commission.			
1.	CAN	DIDATE INFORMATION				
Financing Type:	☐ Maine Clean Election	☐ Traditionally Financed				
Title	☐ Mr. ☐ Dr. ☐ Honorable	Party Affiliation	Office Sought & District Number			
Name: First	MI or Middle Name	Last				
Mailing Address			Public Phone			
City	Zip Co	Alternate Phone (Commission use or	าly):			
E-mail (Required)						
2. TREASURER INFORMATION						
Name: First	MI or Middle Name	Last	Phone			
Mailing Address						
City	Zip Code E-mail	(Required)				
accepting contributions, magister with the Commission	naking expenditures or incurring of sion the name and address of the rts. A MCEA candidate may serve	oligations. No later than 10 candidate and treasurer. T	er than 10 days after becoming a candidate, and days after appointing a treasurer, the candidate he treasurer is responsible for maintaining can 14 days following the date of registration.	ate must		
2A. DEPUTY TREASURER INFORMATION (optional)						
Name: First	MI or Middle Name	Last	Phone			
Mailing Address			1			
City	ZIP Code E-mail	(Required)				
DESIGNATION OF DEPU	TY TREASURER (optional): The	candidate may appoint a de	puty treasurer and notify the Commission no la	ater 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 treasure 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. AUTHORIZED AGENT INFORMATION (optional)								
Name	Phone		Email (Required)					
Name	ame Phone		Email (Required)					
<b>DESIGNATION OF AUTHORIZED AGENT (optic</b> treasurer, authorized to file reports on your behalf.		use this section to	designate individu	uals, other than the treasurer and deputy				
I. 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	E-mail				
Name		Title		Phone				
Mailing Address		City	Zip Code	E-mail				
5.	CE	RTIFICATION						
I,, ceri	tify that the	information in this	registration is tr	ue, accurate and complete.				
Signature of Candidate:			Date:					
6. RE	PORTING	EXEMPTION REC	QUEST					
Only county and municipal candidates, and leg	islative cand	didates in an uncor	ntested primary 6	election may request an exemption.				
A candidate may request an exemption from the of accept any cash or in-kind contributions or make a use your or your spouse's/domestic partner's personatement below and sections 1 & 5, have the form STATEMENT OF ELIGIBILITY FOR A REPORTI	bligation to a ny expenditu sonal funds to n notarized, a	ppoint a treasurer ar res for his or her car o pay for your camp nd submit it to the C	nd file campaign fi mpaign. You can paign expenses. ommission.	inance reports if the candidate does not not request a reporting exemption if you To request an exemption, complete the				
make expenditures or incur obligations associated			g,	,				
Signature of Candidate:	Date:							
Subscribed and sworn (affirmed) to before me this	day of		0					
Signature of Notary/Attorney-at-law:(Seal is optional)		My commission expires: (Date)						
<b>REVOCATION NOTICE:</b> The foregoing statement notice must be in the form of an amended registreasurer is appointed. The notice must be filed be to the same penalties applicable to late campaign	ration which efore contribu	must be filed with the strain of the strain	he Commission n	e must appoint a treasurer. A revocation o later than 10 days after the date the				

Sworn Falsification is a Class D crime. (17-A MRSA § 453)