

Commission on Governmental Ethics and Election Practices
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta ME, 04333

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

#### REGISTRATION: POLITICAL ACTION COMMITTEE

### For State Campaigns

Is this an amendment?  $\square$  Yes

A political action committee must register with the Commission's office within 7 days of making expenditures to initiate or influence a campaign or election, including unpaid obligations, that total more than:

- \$1,500 for an organization whose major purpose is to influence candidate or ballot question elections, or
- \$5,000 for organizations which participate in candidate elections but whose major purpose is something other than influencing candidate elections.

Registration is not complete until the following additional documents have been submitted:

- An Initial Campaign Finance Report must be filed within 7 days of filing this Registration. All contributions received, whether cash or inkind, and all expenditures made from the beginning of the calendar year must be reported. Be sure to include any expenditures associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising.
- <u>Acknowledgement of Responsibilities.</u> The Treasurer, Principal Officer and any Decision Maker(s) must sign and return the statement within 10 days of the date of this registration.

	ALL SECTIONS OF THIS F	ORM MUST BE COMPLETED.	
COMMITTEE INFORMATION			
COMMITTEE NAME		ACRONYM	
MAILING ADDRESS		PHONE	
CITY, STATE, ZIP CODE		FAX	
EMAIL			
ALTERNATE EMAIL 1			
ALTERNATE EMAIL 2			
WEB ADDRESS			
	TREASURE	RINFORMATION	
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 app	Legislator	Candidate	
	DESIGNATED FI	LING AGENT(S) (OP	TIONAL)
FIRST NAME	MIDDLE NAME		LAST NAME
EMAIL		PHONE	
	PRIMARY FUNDRA	AISERS & DECISION	MAKERS
Identify the primary fundraise	rs and decision makers for the committee and whether	r they are also a Legislator or ca	andidate. (Use additional sheets as necessary.)
FIRST NAME	MIDDLE NAME		LAST NAME
EMAIL			
ROLE (check all that app	y) 🛘 Fundraiser 🔻 Decision Maker	☐ Legislator	☐ Candidate
FIRST NAME	MIDDLE NAME		LAST NAME
EMAIL			
Role (check all that app	y) ☐ 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 INCO	DRPORATION:
	Foundin	NG ORGANIZATIONS	
Was this committee formed b	y one or more for-profit or non-profit corporations or or	rganizations? (Use additional s	sheets as necessary.)
	IF YES, NAME OF CORPORATION OR ORGANIZATION	ON	
☐ Yes			
_	Address		
□ No	0 7 C		
	CITY, STATE, ZIP CODE		
	PHONE		

	COMMITTEE ACCOUNT INFORMATION	
NAME ON ACCOUNT		
NAME OF FINANCIAL INSTITUTION	Mailing Address (Street, City, State, Zip Code)	
	STATEMENT OF SUPPORT OR OPPOSITION	
	candidate(s), ballot question(s), referenda, initiated petition(s), people's vetoes, or other campaign(s) the committence the election of a single candidate, the name of the candidate must be listed. (Use additional sheets as	
		Support
		Oppose
		Support
		Oppose
	SIGNATURE OF PRINCIPAL OFFICER OR TREASURER	
The Principal Officer, Treasurer and any Decision	n Maker(s) must submit a signed Acknowledgement of Responsibilities.	
NAME OF SIGNER	TITLE	
SIGNATURE	DATE	

### **IMPORTANT NOTICE:**

An initial campaign finance report must be filed with the Commission's office within 7 days of registration



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## ACKNOWLEDGMENT OF RESPONSIBILITIES — PRINCIPAL OFFICER

	I,, acknowledge that I am the principal officer
of	(Printed Name)
the Co	mmission's office. I acknowledge that, as the principal officer of the committee:  (1) I am jointly responsible with the treasurer for ensuring that the committee complies with the requirements of Maine Election Law (21-A M.R.S.A., chapter 13) applicable to the committee. These requirements include but are not limited to:
	• filing complete and accurate reports as required by the Commission's office;
	<ul> <li>ensuring that the treasurer of the committee keeps all required records of contributions,</li> <li>expenditures and bank statements for the committee's campaign account; and</li> </ul>
	<ul> <li>updating the committee's registration information within 10 days of any change, including the resignation or removal of the treasurer or a decision maker and filing an updated registration with the Commission's office by March 1st of every year in which there is a general election.</li> </ul>
	(2) I am jointly and severally liable with the treasurer and the committee for any penalties assessed against the committee for violations of Maine Election Law (21-A M.R.S.A., chapters 13 and 14).
	(3) I am deemed to have participated in any spending decisions of the committee until the Commission's office has received notice of my resignation or involuntary removal from the committee.
	(4) I am responsible for notifying the Commission's office and the committee's treasurer in writing if I resign from the position of principal officer and that my resignation will not be effective until the Commission's office receives such notice.
	(5) The committee is responsible for notifying the Commission's office if the treasurer or a decision maker is involuntarily removed from the committee.
	I have read this acknowledgment and understand my responsibilities and liabilities as principal officer.
Sig	nature: Date:

Failure to submit the Acknowledgement of Responsibilities may result in a fine of \$100.



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## ACKNOWLEDGMENT OF RESPONSIBILITIES – TREASURER

I,, acknowl	ledge that I am the treasurer of
(Name of Committee)	, a political action committee registered with
the Commission's office. I acknowledge that, as the tre	easurer of the committee:
	ficer for ensuring that the committee complies with the M.R.S.A., chapter 13) applicable to the committee. These
<ul> <li>filing complete and accurate reports as rec</li> </ul>	quired by the Commission's office;
<ul> <li>ensuring that the treasurer of the committee expenditures and bank statements for the</li> </ul>	ee keeps all required records of contributions, he committee's campaign account; and
resignation or removal of the principal or	rmation within 10 days of any change, including the fficer or a decision maker and filing an updated by March 1st of every year in which there is a general
(2) I am jointly and severally liable with the treas committee for violations of Maine Election L	surer and the committee for any penalties assessed against the aw (21-A M.R.S.A., chapters 13 and 14).
(3) I am deemed to have participated in any spendar has received notice of my resignation or inv	ending decisions of the committee until the Commission's office oluntary removal from the committee.
	on's office and the committee's treasurer in writing if I resign esignation will not be effective until the Commission's office
(5) The committee is responsible for notifying the maker is involuntarily removed from the con	ne Commission's office if the principal officer or a decision mmittee.
I have read this acknowledgment and understa	nd my responsibilities and liabilities as treasurer.
Signature:	Date <sup>.</sup>

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# ACKNOWLEDGMENT OF RESPONSIBILITIES - DECISION MAKER

l,	, acknowledge that I am a decision maker of
	(Printed Name), a political action committee registered with the
Commission's office.	I acknowledge that, as a decision maker of the committee:
	ned to have participated in any spending decisions of the committee until the Commission's office yed notice of my resignation or involuntary removal from the committee.
position o	onsible for notifying the Commission's office and the committee in writing if I resign from the f decision-maker and that my resignation will not be effective until the Commission's office such notice.
I have read th	nis acknowledgment and understand my responsibilities as a decision maker.
Signature:	Date <sup>.</sup>

Failure to submit the Acknowledgement of Responsibilities may result in a fine of \$100.