

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

REGISTRATION: POLITICAL ACTION COMMITTEE

For State Campaigns

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:

- <u>An Initial Campaign Finance Report must be filed within 7 days of filing this Registration.</u> 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.

Is this an amendment?
Yes No

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

COMMITTEE INFORMATION					
COMMITTEE NAME		ACRONYM			
MAILING ADDRESS		Рноле			
CITY, STATE, ZIP CODE		Fax			
EMAIL					
ALTERNATE EMAIL 1					
ALTERNATE EMAIL 2					
WEB ADDRESS					
	TREASURER INFORMATION				
First Name	MIDDLE NAME	LAST NAME			
MAILING ADDRESS		Рноле			
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 ap	oly) 🔲 Legislat	or 🛛 C	andidate		
	DE	SIGNATED FILING	Agent(s) (OPT	rional)	
FIRST NAME	Ν	MIDDLE NAME			
EMAIL			PHONE		
	Prim	IARY FUNDRAISE	s & Decision	Makers	
Identify the primary fundraise	ers and decision makers for the cor	mmittee and whether they a	re also a Legislator or ca	ndidate. (Use additional sheets as necessary.)	
FIRST NAME	Мірі	DLE NAME		LAST NAME	
EMAIL					
Role (check all that ap	oly) 🗌 Fundraiser 🗌	Decision Maker	Legislator	Candidate	
FIRST NAME	Midi	DLE NAME		Last Name	
EMAIL					
Role (check all that ap	oly) 🗌 Fundraiser 🗌	Decision Maker	Legislator		
		Form of O	RGANIZATION		
Name the form or structure of	of organization (i.e., cooperative, co	prporation, voluntary associa	ation, partnership, etc.)		
FORM OF ORGANIZATION: DATE OF ORIGIN OR INCORPORATION:					
FOUNDING ORGANIZATIONS					
Was this committee formed	by one or more for-profit or non-pro	ofit corporations or organizat	ions? (Use additional sl	heets as necessary.)	
	IF YES, NAME OF CORPORATIO	ON OR ORGANIZATION			
□ Yes					
□ No	Address				
	CITY, STATE, ZIP CODE				
	PHONE				

COMMITTEE ACCOUNT INFORMATION

NAME ON ACCOUNT

SIGNATURE

NAME OF FINANCIAL INSTITUTION

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

STATEMENT OF SUPPORT OR OPPOSITION

Indicate the specific candidate(s) or category of candidate(s), ballot question(s), referenda, initiated petition(s), people's vetoes, or other campaign(s) the committee supports or opposes. If the committee is formed to influence the election of a single candidate, the name of the candidate must be listed. (Use additional sheets as necessary.)

	SupportOppose
	□ Support
	□ Oppose
SIGNATURE OF PRINCIPAL OFFICER	OR TREASURER
The Principal Officer, Treasurer and any Decision Maker(s) must submit a signed Acknowledgement of Resp	onsibilities.
NAME OF SIGNER	TITLE

IMPORTANT NOTICE:

DATE

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

l,	(Print Name)	, acknowledge that I am the principal officer
of	(Name of Committee)	, a political action committee registered with

the Commission's office. I acknowledge that, as the principal officer of the committee:

I am jointly responsible with the treasurer for ensuring that the committee complies with the (1) 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; ٠
- ensuring that the treasurer of the committee keeps all required records of contributions, • expenditures and bank statements for the committee's campaign account; and
- updating the committee's registration information within 10 days of any change, including the ٠ resignation or removal of the treasurer or a decision-maker and filing an updated registration with the Commission by March 1st of every year in which there is a general election.
- (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 has received notice of my resignation or involuntary removal from the committee.

I am responsible for notifying the Commission and the committee's treasurer in writing if I resign from (4) the position of principal officer and that my resignation will not be effective until the Commission receives such notice.

(5) The committee is responsible for notifying the Commission 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.

Signature:	
Jighature.	

Date:

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

Principal Officer's mailing address:

(Street, City/Town, State and Zip Code)

Telephone Number: Email Address:



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ACKNOWLEDGMENT OF RESPONSIBILITIES — TREASURER

I, _____(Printed Name)

, acknowledge that I am the treasurer

, a political action committee of (Name of Committee)

registered with the Commission's office. I acknowledge that, as the treasurer of the committee:

(1) I am jointly responsible with the principal officer 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;
- keeping all required records of contributions, expenditures and bank statements for the committee's campaign account; and
- updating the committee's registration information within 10 days of any change, including the resignation or removal of the principal officer or a decision-maker and filing an updated registration with the Commission by March 1st of every year in which there is a general election.

(2) I am jointly and severally liable with the principal officer 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).

I am deemed to have participated in any spending decisions of the committee until the (3) Commission has received notice of my resignation or involuntary removal from the committee.

I am responsible for notifying the Commission and the committee's principal officer in writing (4) if I resign from the position of treasurer and that my resignation will not be effective until the Commission receives such notice.

(5) The committee is responsible for notifying the Commission if the principal officer or a decision-maker is involuntarily removed from the committee.

I have read this acknowledgment and understand my responsibilities and liabilities as treasurer.

Signature:	
Signature.	-

Date: _____

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

Treasurer's mailing address:

(Street, City/Town, State and Zip Code)

Telephone Number: Email Address:



_____, a political action committee

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ACKNOWLEDGMENT OF RESPONSIBILITIES — DECISION-MAKER

I, _____, acknowledge that I am a (Print Name)

registered with the Commission's office. I acknowledge that, as a decision-maker of the committee:

(1) I am deemed to have participated in any spending decisions of the committee until the

Commission has received notice of my resignation or involuntary removal from the committee.

(2) I am responsible for notifying the Commission and the committee in writing if I resign from the

position of decision-maker and that my resignation will not be effective until the Commission receives such notice.

I have read this acknowledgment and understand my responsibilities as a decision-maker.

Signature: ____

Date:

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

Decision Maker's Email Address: