Commission on Governmental Ethics and Election Practices 135 State House Station, Augusta, ME 04333 207-287-4179

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CAN	IDIDATE'S NA	ME:			OF	FFICE: □ HOUSE □ (Please check	SENATE DISTRICT #box above)	
ALL	CONTRIBUTO	IMPORTANT N • Your si eligible • By sign	NOTICE TO CONTRIBUTOR gnature and qualifying conte for public funding from the ning below, you affirm that y u have received nothing of v	ributior State to ou have	o pay for the candidate e used your personal f	e's campaign. unds to make this	contribution and	
	Date	Check/M.O.#	Contributor's Name (Please Pr	nt)	Residential Address	(No PO Box)	Contributor's Sigr	nature
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	Please	make checks and	Falsifying any infor I money orders payable to Ma		on this form is punisha an Election Fund. Mone		signed by the contrib	utors.
Municipal Registrars : Please circle the number of each contributor who is registered to vote in the candidate's district (any party) and complete the statement below by inserting the total number of contributors on this page who are registered in the district. Please also cross out any blank lines or contributors who are not registered in the candidate's district.					Circulators: Anyone (including candidate) circulating this form <u>must complete and sign the statement below</u> for the contributions collected on this form to be accepted by the Commission.			
					I, (print name), affirm that: (1) I collected the qualifying contributions, (2) to the best of my knowledge and belief, the signature is the signature of the person whose name it purports to be, (3) the contribution came from the personal funds of the contributor, and (4) I did not give anything of value to the contributor in exchange for their			
I have verified that contributors circled above are registered to vote in the electoral division of the candidate.					contribution and signature. Signature of Circulator: Date:			
Date:					Residential Address:			
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