

Susan Clements-Dallaire, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

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Notice: Changes to registration information must be filed within 10 days in writing or by e-mail to the Clerk's office Is this an amendment? Yes No								
1. CANDIDATE INFORMATION								
Title (optional): ☐ Ms. ☐ Mrs.	□ Mr. □ Mx. □ Dr. □ F	lonorable Pa	arty Affiliation:	Off	ice Sought & District #:			
Name: First	MI or Midd	le Name	Las	t				
Mailing Address:								
City:		ZIP:		Pho	one:			
Email:								
2.	2. TREASURER INFORMATION							
Name: First	MI or Middle Name		Last	Pho	one:			
Mailing Address:								
City:	ZIP:	Email:						
appoint a treasurer no incurring obligations. N	later than 10 days after beco	ming a candid pointing a trea	date, and before accep asurer, the candidate n	iting contributionust register wi	th the Clerk's office the name and			
2A.	DEPUTY	TREASURE	R INFORMATION (o)	otional)				
Name: First	MI or Middle Name		Last	Pho	one:			
Mailing Address:								
City:	ZIP:	Email:						

no later 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. (21-A MRS § 1013-A (1)(A)(1)).

3. AUTH	ORIZED AG	ENT INFORMATI	ON (optional)						
Name:	Phone:		Email:						
me: Phone:		Email:							
DESIGNATION OF AUTHORIZED AGENT (option reasurer, authorized to file reports on your behalf.	nal): Please	use this section to	designate individ	uals, other than the treasurer and deputy					
4. POLITIC	4. POLITICAL COMMITTEE INFORMATION (optional)								
Name:				Phone:					
Address of Campaign Headquarters:			City:	ZIP:					
DESIGNATION OF POLITICAL COMMITTEE (option of the committee treasurer is the treasurer appointed the candidate must register the name of the committee the committee of the comm	I in Section 2 tee and the c	of the registration. N	No later than 10 o	lays after appointing a political committee					
Committee Officers (use additional pages, if nec	essary):			l n					
Name:		Title:		Phone:					
Mailing Address:		City:	ZIP:	Email:					
Name:		Title:		Phone:					
Mailing Address:		City:	ZIP:	Email:					
5.	CE	RTIFICATION							
I,, ce	rtify that the	information in this	registration is t	rue, accurate and complete.					
Signature of Candidate	Date								
6. F	REPORTING	EXEMPTION RE	QUEST						
Only county and municipal candidates, and le	gislative can	didates in an unco	ntested primary	election, may request an exemption.					
A candidate may request an exemption from the accept any cash or in-kind contributions or make your or your spouse's/domestic partner's perso statement below and sections 1 & 5, have the for	any expendit nal funds to	ures for their campa pay for your campa	ign. You cannot r aign expenses. T	request a reporting exemption if you use					
STATEMENT OF ELIGIBILITY FOR A REPORT make expenditures or incur obligations associate			igned, swear or a	affirm that I will not accept contributions,					
Signature of Candidate	Date								
Subscribed and sworn (affirmed) to before me this	day of	, 2	20						
Signature of Notary/Attorney-at-law(Seal is optional)	My commission expires(Date)								
REVOCATION NOTICE: The foregoing statemer notice must be in the form of an amended regis	tration which	must be filed with the	ne Clerk's office	no later than 10 days after the date the					

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

to the same penalties applicable to late campaign finance reports.