



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

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Phone: (207) 333-6600 Fax: (207)333-6623

CANDIDATE REGISTRATION

as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

CANDIDATE INFORMATION									
1. Title (optional): Ms. Mrs.	□ Mr. □ Mx.	☐ Dr. ☐ Honorab	Party Affiliation:	Office Sought & District #. School Committee					
Name: First		MI or Middle Name							
Pat	cicia.	M.	Gautie	Gautier					
Mailing Address:	Pride	Rd							
City			ZIP: 04210	Phone: 207-240-1914					
Email: pdga	utier 1971	a aol. co	m						
2.		TREA	SURER INFORMATION						
Name: First	MI	or Middle Name	Last	Phone:					
Mailing Address:									
City:	ZIP:	Email:							
appoint a treasurer	no later than 10 da s. No later than 10 d didate and treasure	ys after becoming a days after appointin r. The treasurer is r	a candidate and before accepuild						
	AAL a	or Middle Name	Last	Phone:					
Name: First	IVII	or egonaturo i marino							
na w a la									
Mailing Address:									

3. A	UTHORIZED A	GENT INFORM	IATION (optional)	- 170	
Name:	Phone:		Email:	AUG 2 4 2023	
Name:		Email:	Email:		
DESIGNATION OF AUTHORIZED AGENT (or treasurer, authorized to file reports on your below.)		use this section	n to designate individ	duals, other than the treasurer and deput	
4. PO	LITICAL COMM	ITTEE INFOR	MATION (optional		
Name:		,		Phone:	
Address of Campaign Headquarters:		City:	ZíP:		
DESIGNATION OF POLITICAL COMMITTEE The committee treasurer is the treasurer appointed the candidate must register the name of the co Committee Officers (use additional pages, in	inted in Section 2 mmittee and the o	of the registrati	on. No later than 10	days after appointing a political committee	
Name:		Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
Name:		Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
5.	CI	ERTIFICATION			
I, PATRICIA M. 6AUTIE (Print Candidate's Full Name) Signature of Candidate <u>Catucia</u>	Rertify that the	information in	this registration is t	true, accurate and complete.	
6.	REPORTING	EXEMPTION	REQUEST	100	
Only county and municipal candidates, a	nd legislative car	ndidates in an u	ncontested primary	election, may request an exemption.	
A candidate may request an exemption from accept any cash or in-kind contributions or n your or your spouse's/domestic partner's p statement below and sections 1 & 5, have the	nake any expendit personal funds to be form notarized,	tures for their ca pay for your ca and submit it to	mpaign. You cannot impaign expenses. The Clerk's office.	request a reporting exemption if you use if or request an exemption, complete the	
STATEMENT OF ELIGIBILITY FOR A REP make expenditures or incur obligations asso			dersigned, swear or a	aniim tilat i wiii not accept contributions,	
Signature of Candidate	Date				
Subscribed and sworn (affirmed) to before me this	;day of		, 20		
Signature of Notary/Attorney-at-law(Seal is optional)		My commission expires(Date)			
REVOCATION NOTICE: The foregoing state notice must be in the form of an amended treasurer is appointed. The notice must be fit to the same penalties applicable to late camp	registration which led before contrib	must be filed w utions are accep	ith the Clerk's office	no later than 10 days after the date the	

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