

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

00 Court Glicot, Addum ME, 04210

Email: sdallaire@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

## **CANDIDATE REGISTRATION**

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

	Changes to registration information  Is this an amendm			or 2, o man to the clothe chief				
1.	CANDIDATE INFORMATION							
Title (op	otional): Ms. 🗆 Mrs. 🗆 Mr. 🗆 Mx. 🗆 Dr.	☐ Honorable	Party Affiliation:	Office Sought & District #:  Mayor				
Name:	First MI or Middle Name Last  Jeffrey D. Harmon							
Mailing	Address:							
	34 Vista Dr.							
City:	Auburn		ZIP: 04210	Phone: 207-200-1490				
Email:	jeff@harmonformayor.com							
2.	TREASURER INFORMATION							
Name:	First MI or Middle Name		Last	Phone:				
	Sharon Bergeron			207-200-1490				
Mailing	Address:			<u>'</u>				
	23 Dexter Ave.							
City:	ZIP: Email:							
Auburn 04210 treasurer@harmonformayor.c								
appoint incurrin addres	t a treasurer no later than 10 days afte	r becoming a ca ter appointing a	andidate, and before acce a treasurer, the candidate	with a population of greater than 15,000 must opting contributions, making expenditures or must register with the Clerk's office the name a sampaign records and for filing reports.				
2A.	DEPUTY TREASURER INFORMATION (optional)							
Name:	st MI or Middle Name		Last	Phone:				
Mailing	Address:			l				
	ZIP:							

Rev. 2/1/22

3. AUTHORIZED AGENT INFORMATION (optional)									
Name:	Phone:		Email:						
lame: 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	. POLITICAL COMMITTEE INFORMATION (optional)								
Name:				Phone:					
Address of Campaign Headquarters:			City:	ZIP:					
DESIGNATION OF POLITICAL COMMITTEE (opti The committee treasurer is the treasurer appointed he candidate must register the name of the commit	in Section 2 tee and the c	of the registration. N	No later than 10 d	lays after appointing a political committee					
Committee Officers (use additional pages, if nec	essary):	Γ		La					
Name:		Title:		Phone:					
Mailing Address:		City:	ZIP:	Email:					
Name:		Title:		Phone:					
Mailing Address:		City:	ZIP:	Email:					
5.	CE	RTIFICATION							
I, Jeffrey D. Harmon , cel	rtify that the	information in this	registration is to	rue, accurate and complete.					
Signature of Candidate	_	DateMay 22, 2023							
6. REPORTING EXEMPTION REQUEST									
Only county and municipal candidates, and legislative candidates in an uncontested primary election, may request an exemption.									
A candidate may request an exemption from the caccept any cash or in-kind contributions or make your or your spouse's/domestic partner's person statement below and sections 1 & 5, have the form	any expendit nal funds to	ures for their campa pay for your campa	ign. You cannot r aign expenses. T	equest a reporting exemption if you use					
STATEMENT OF ELIGIBILITY FOR A REPORT make expenditures or incur obligations associated			igned, swear or a	offirm 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 statemen notice must be in the form of an amended regist treasurer is appointed. The notice must be filled by	ration which	must be filed with th	ne Clerk's office r	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.