

SEP 1 8 2023

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

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CANDIDATE RI	EGISTRATION					
Notice: Changes to re	_	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):	The Fileson	Party Affiliation:	Office Sought & District #:			
│ □ Ms. □ Mrs. □	□ Mr. □ Mx. □ Dr. □ Honora	adie	CITY COUNCIL WARD			
Name: First MI or Middle Name Last						
KYAN	RyAN A HAWES					
Mailing Address:						
120 LA	AKE ST					
City:		ZIP:	Phone:			
AUBURN		01210	207-720-0870			
Email:	\wedge					
EVAN. H.	AWES (W HOTMAIL.C	om				
2.	TRE	EASURER INFORMATION				
Name: First	MI or Middle Name	Last	Phone:			
ASHLEY	A	HAWES	207-713-6915			
Mailing Address:						
170 LAV	CE ST					
City:	ZIP: Ema	^				
AUBURN	01210 A	ASALEY. HAWES (Q YAHOO, COM				
appoint a treasurer no incurring obligations. N	later than 10 days after becoming to later than 10 days after appoint	a a candidate, and before accepting o	population of greater than 15,000 must contributions, making expenditures or register with the Clerk's office the name and precords and for filing reports.			
2A.	DEPUTY TREASURER INFORMATION (optional)					
Name: First	MI or Middle Name	Last	Phone:			
Mailing Address:						
City:	ZIP: Ema	il:				
	LIDY TREACURED (. C D. The	andidate may expeint a deputy trace	uror who must be reported to the Clerk's offic			

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the 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	SENT INFORMAT	ION (optional)	l d. ageli
Name:	Phone:		Email:	SEP 1 8 2023
Name: Phone:			Email:	-
DESIGNATION OF AUTHORIZED AGENT (option reasurer, authorized to file reports on your behalf.	nal): Please	use this section to	designate individu	uals, other than the treasurer and deputy
4. POLITIC	AL COMM	ITTEE INFORMA	ΓΙΟΝ (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 of the c	in Section 2 tee and the c	of the registration.	No later than 10 d	ays after appointing a political committee
Committee Officers (use additional pages, if nec Name:	essary):	Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.	* CE	ERTIFICATION		
I, Ryan Hawits , cel	rtify that the	information in this	registration is tr	rue, accurate and complete. $9/(8/23)$
6.	FPORTING	EXEMPTION RE	QUEST	
				election may request an avamation
A candidate may request an exemption from the cacept 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	obligation to a any expendit nal funds to m notarized, a	appoint a treasurer a tures for their campa pay for your camp and submit it to the TION: I, the unders	and file campaign f aign. You cannot n aign expenses. T Clerk's office.	inance reports if the candidate does not equest a reporting exemption if you use o request an exemption, complete the
make expenditures or incur obligations associated	o with my car	ididacy.		
Signature of Candidate	Date			
Subscribed and sworn (affirmed) to before me this	day of	<u>.</u>	20	
Signature of Notary/Attorney-at-law(Seal is optional)			My commission	on expires(Date)
REVOCATION NOTICE: The foregoing statemen notice must be in the form of an amended regist treasurer is appointed. The notice must be filed b to the same penalties applicable to late campaign	tration which efore contrib	must be filed with t utions are accepted	he Clerk's office r	no later than 10 days after the date the

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