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

Email: sdallaire@auburnmaine.gov

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

CANDIDATE REGISTRATION

Mailing Address:

ZIP:

City:

•	_	within 10 days in writing or by e-m	ail to the Clerk's office				
1. CANDIDATE INFORMATION							
Title (optional): ☐ Ms. ☐ Mrs. ☒ Mr. [☐ Mx. ☐ Dr. ☐ Honorable	Party Affiliation:	Office Sought & District #: CITY Coquel #5				
Name: First LEROY	MI or Middle Name	Last WALK	ER SR,				
Mailing Address: 41 BRO	40 ST A	2					
City: AUBURN		ZIP: 04210	Phone: 207-517-2694				
Email: LEROYWALKE	ER@AUBURN	IMAINE, GOV					
2.	TREASU	JRER INFORMATION					
Name: First	MI or Middle Name	Last	Phone:				
STEPHEN	JAMES	MARTELLI	207,440,7883				
Mailing Address:	ST, #6						
City: ZIF		1ARTEUIZ186	@GMAIL.COM				
DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of greater than 15,000 must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Clerk's office the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. (21-A MRS § 1013-A)							
2A. DEPUTY TREASURER INFORMATION (optional)							
Name: First	MI or Middle Name	Last	Phone:				

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office 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)).

Email:

3. AUTHORIZED AGENT INFORMATION (optional)						
Name:	Phone:		Email:			
Name: Phone:			Email:			
DESIGNATION OF AUTHORIZED AGENT (option reasurer, authorized to file reports on your behalf.	nal): Please	use this section to d	tesignate individu	ials, other than the treasurer and deput		
4. POLITICAL COMMITTEE INFORMATION (optional)						
Name:				Phone:		
Address of Campaign Headquarters:			City:	ZIP:		
DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRS § 1013-A (1) (B)) Committee Officers (use additional pages, if necessary):						
Name:		Title:		Phone:		
Mailing Address:		City:	ZIP:	Email:		
Name:		Title:		Phone:		
Mailing Address:		City:	ZIP:	Email:		
5.	CE	RTIFICATION				
1 1/2 13 1/12				ue, accurate and complete.		
I, <u>Leroy G. Walker</u> , cert (Print Candidate's Full Name) Signature of Candidate	tify that the		Date/			
I, <u>Leroy G. Walker</u> , cert (Print Candidate's Full Name) Signature of Candidate	tify that the	information in this r	Date	7.20.23		
I, Leroy G. Walker, cert (Print Candidate's Full Name) Signature of Candidate 6. RE Only county and municipal candidates, and leg A candidate may request an exemption from the ol accept any cash or in-kind contributions or make a your or your spouse's/domestic partner's persons statement below and sections 1 & 5, have the form STATEMENT OF ELIGIBILITY FOR A REPORTING	EPORTING islative cand bligation to appropriate to perform the performance of the perform	EXEMPTION REQ didates in an uncon ppoint a treasurer and ures for their campaignay for your campaignal and submit it to the Clarical and submit it to the Cl	Date	Plection, may request an exemption. nance reports if the candidate does not quest a reporting exemption if you use request an exemption, complete the		
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Sworn Falsification is a Class D crime. (17-A MRS § 453)