



Commission on Governmental Ethics and Election Practices
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta ME, 04333

Website: www.maine.gov/ethics
Phone: 207-287-4179
Fax: 207-287-6775

Registration for Political Action Committees & Ballot Question Committees

For all statewide campaigns and municipalities with fewer than 15,000 people.

A political action committee or ballot question committee must register with the Commission's office within 7 days of receiving contributions or making expenditures to initiate or influence a campaign or election, including unpaid obligations, that total more than:

- \$2,500 for an organization or voluntary association which participates in a candidate election, or
- \$5,000 for organization, voluntary association, or individual which participates in a referendum election.

Registration is not complete until the following documents have been submitted:

- Completed registration for Political Action Committees & Ballot Question Committees. (This Form)
- Acknowledgment of Responsibilities. The Treasurer, Principal Officer and any Decision Maker(s) must sign and return the statements within 10 days of the date of submitting this form.
- Initial Campaign Finance Report. All contributions received, whether cash or in-kind, and all expenditures made from the beginning of the calendar year (for PACs) or the beginning of the campaign (for BQCs) must be reported. The report is due within 7 days of filing this registration, or within 14 days of exceeding the financial activity that required registration, whichever comes first.

AMENDMENT		
Is this an amendment? Yes ☐ No ☐		
COMMITTEE INFORMATION		
Committee Name		Acronym (Optional)
Mailing Address		Phone
City	State	ZIP
Committee Email		Alternate Email 1 (Optional)
Alternate Email 2 (Optional)		Web (Optional)
TYPE OF COMMITTEE (Please see Instruction Page)		
(Select One) ☐ The primary purpose of this Committee is to influence candidate campaigns. (PACs) ☐ The primary purpose of this Committee is to influence referenda campaigns. (BQCs)		
For PACs Only (Select One) ☐ Traditional PAC ☐ Leadership PAC ☐ Caucus PAC		
For BQCs Only (Select One) ☐ Individual BQC ☐ Traditional BQC ☐ Municipal BQC Date of Referendum:		

TREASURER INFORMATION		
Last Name	First Name	Current Legislator Yes ☐ No ☐
Mailing Address		Phone
City	State	ZIP
Email		Fax (Optional)
PRINCIPAL OFFICER INFORMATION		
Last Name	First	Current Legislator Yes ☐ No ☐
Mailing Address		Phone
City	State	ZIP
Email		Fax (Optional)
AUTHORIZED AGENT INFORMATION (OPTIONAL)		
Last Name		First Name
Email		Phone
Last Name		First Name
Email		Phone
PRIMARY FUNDRAISERS & DECISION MAKERS INFORMATION (OPTIONAL)		
Last Name		First Name
Email		
Role (Check all that apply)	Decision Maker ☐	Fundraiser ☐ Legislator ☐
Last Name		First Name
Email		
Role (Check all that apply)	Decision Maker ☐	Fundraiser ☐ Legislator ☐
Last Name		First Name
Email		
Role (Check all that apply)	Decision Maker ☐	Fundraiser ☐ Legislator ☐

FORM OF ORGANIZATION		
Role (Select One)		
☐ Corporation	☐ Cooperative	☐ Limited Liability Co.
☐ Unregistered Partnership	☐ Voluntary Association	☐ Non-Profit
☐ Individual		☐ Other _____
Date of Origin or Incorporation		
FOUNDING ORGANIZATIONS		
(Skip if Form of Organization is a: Unregistered Partnership, Voluntary Association, or Individual)		
Name of Business/Organization		Phone
Address		
City	State	ZIP
Name of Business/Organization		Phone
Address		
City	State	ZIP
Name of Business/Organization		Phone
Address		
City	State	ZIP
CAMPAIGN ACCOUNT INFORMATION		
Name on Account		
Name of Financial Institution		
Mailing Address		
City	State	ZIP
Certification (Select One)		
☐ I certify that the funds deposited into the Campaign Account are segregated from the general treasury funds of a founding organization and that the funds are not commingled with the funds of any individual person.		
☐ I request a waiver of the requirement to maintain a separate account because the requirement is administratively burdensome.		

STATEMENT OF COMMITTEE PURPOSE	
Indicate the specific candidate(s) or referenda that the committee will be supporting or opposing. If the purpose is non-specific, indicate the categories of candidates or types of issues that the Committee will be supporting or opposing. (e.g. "This Committee supports John Smith for Governor," "This Committee opposes the People's Veto of LD XXX," "This Committee opposes candidates who want to increase taxes." ☐ Support ☐ Oppose	
CERTIFICATION	
(Select One) ☐ I certify that this PAC/BQC is not directly or indirectly established, maintained, or controlled, by a current member of the legislature. ☐ I certify that I have listed the member(s) of the legislature who are directly or indirectly establishing, maintaining, or controlling this PAC/BQC as a Principal Officer, Treasurer, Decision Maker, or Fundraiser.	
SIGNATURE OF OFFICER	
FULL NAME	TITLE
SIGNATURE	DATE



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Acknowledgment of Responsibilities – Treasurer

For Political Action Committees & Ballot Question Committees

OFFICER INFORMATION		
Last Name	First	Committee Name
Mailing Address		Phone
City	State	ZIP
Email		Fax (Optional)

OFFICER RESPONSIBILITIES
1. I am jointly responsible with the principal officer for ensuring that the committee complies with the requirements of Maine Election Law (21-A M.R.S., chapter 13) applicable to the committee. These requirements include but are not limited to: • filing complete and accurate reports as required by the Commission; • keeping all required records of contributions, expenditures, and bank statements for the committee's campaign account; and • updating the committee's registration information within 10 days of any change, including the resignation or removal of the principal officer or a decision-maker and filing an updated registration with the Commission by March 1st of every year when there is a general election. 2. I am jointly and severally liable with the principal officer and the committee for any penalties assessed against the committee for violations of Maine Election Law (21-A M.R.S., chapters 13 and 14). 3. I am deemed to have participated in any spending decisions of the committee until the Commission has received notice of my resignation or involuntary removal from the committee. 4. I am responsible for notifying the Commission and the committee's principal officer in writing if I resign from the position of treasurer and that my resignation will not be effective until the Commission receives such notice. 5. I am responsible for notifying the Commission if the principal officer or a decision-maker is involuntarily removed from the committee.

ACKNOWLEDGMENT
I have read this acknowledgment and understand my responsibilities and liabilities as Treasurer.
Signature Date

Failure to Submit this Acknowledgment of Responsibilities Form may result in a fine of \$100



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Acknowledgment of Responsibilities – Principal Officer

For Political Action Committees & Ballot Question Committees

OFFICER INFORMATION		
Last Name	First	Committee Name
Mailing Address		Phone
City	State	ZIP
Email		Fax (Optional)

OFFICER RESPONSIBILITIES
1. I am jointly responsible with the treasurer for ensuring that the committee complies with the requirements of Maine Election Law (21-A M.R.S., chapter 13) applicable to the committee. These requirements include but are not limited to: • filing complete and accurate reports as required by the Commission; • ensuring that the treasurer of the committee keeps all required records of contributions, expenditures, and bank statements for the committee's campaign account; and • updating the committee's registration information within 10 days of any change, including the resignation or removal of the treasurer or a decision-maker and filing an updated registration with the Commission by March 1st of every year when there is a general election. 2. I am jointly and severally liable with the treasurer and the committee for any penalties assessed against the committee for violations of Maine Election Law (21-A M.R.S., chapters 13 and 14). 3. I am deemed to have participated in any spending decisions of the committee until the Commission has received notice of my resignation or involuntary removal from the committee. 4. I am responsible for notifying the Commission and the committee's treasurer in writing if I resign from the position of principal officer and that my resignation will not be effective until the Commission receives such notice. 5. I am responsible for notifying the Commission if the treasurer or a decision-maker is involuntarily removed from the committee.

ACKNOWLEDGMENT
I have read this acknowledgment and understand my responsibilities and liabilities as Principal Officer.
Signature _____ Date _____

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Acknowledgment of Responsibilities – Decision Maker

For Political Action Committees & Ballot Question Committees

OFFICER INFORMATION		
Last Name	First Name	Committee Name
Email		Phone
OFFICER RESPONSIBILITIES		
1. I am deemed to have participated in any spending decisions of the committee until the Commission has received notice of my resignation or involuntary removal from the committee. 2. I am responsible for notifying the Commission and the committee in writing if I resign from the position of decision-maker and that my resignation will not be effective until the Commission receives such notice.		
ACKNOWLEDGMENT		
I have read this acknowledgment and understand my responsibilities and liabilities as a Decision Maker.		
Signature		Date

Failure to Submit this Acknowledgment of Responsibilities Form may result in a fine of \$100