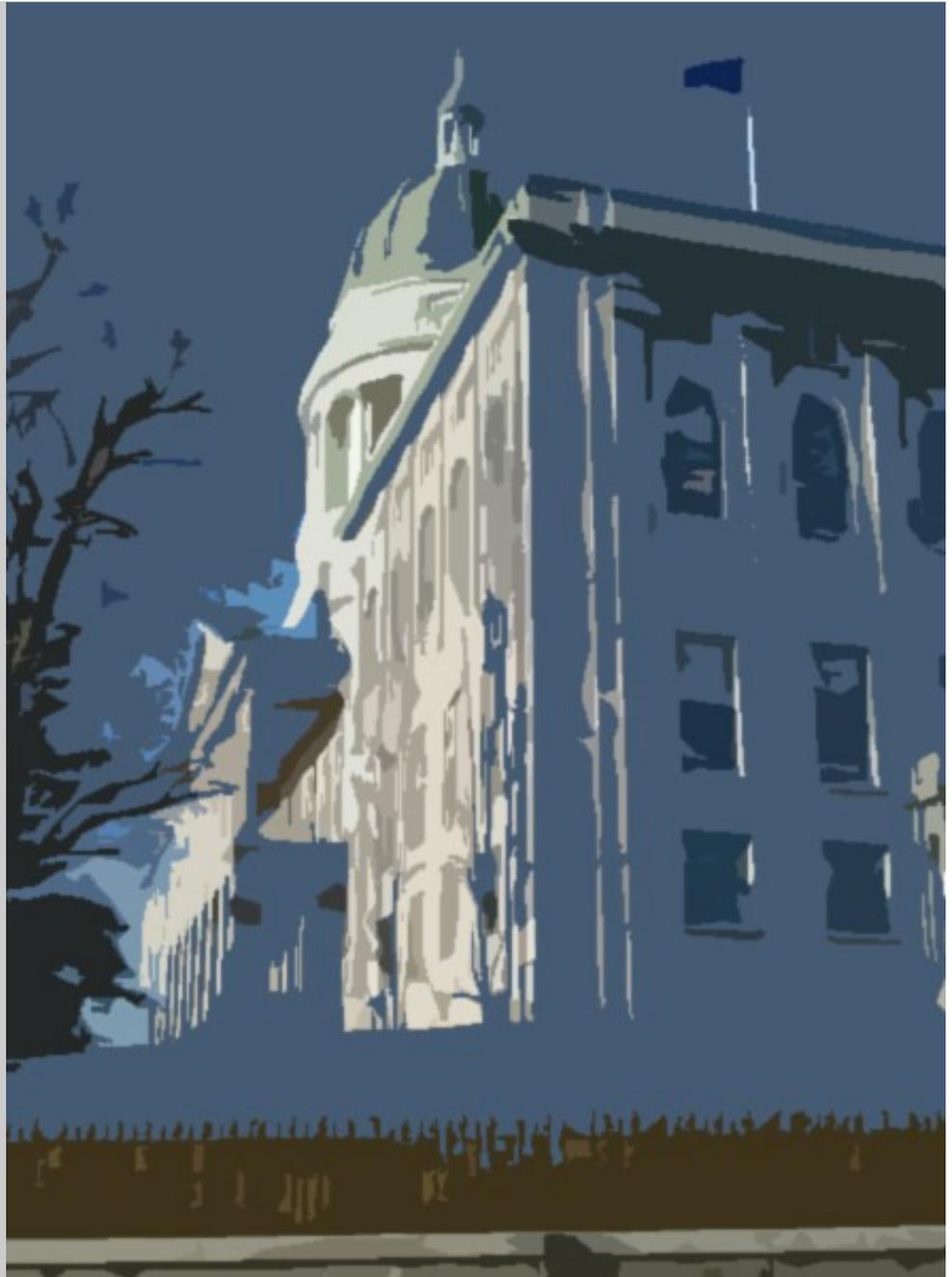


# 2014 Legislative Replacement Candidates: Maine Clean Election Act Getting Started Packet

FORMS,  
INSTRUCTIONS AND  
FILING REQUIREMENTS



COMMISSION ON  
GOVERNMENTAL ETHICS  
AND ELECTION PRACTICES

[www.maine.gov/ethics](http://www.maine.gov/ethics)

Mailing: 135 State House Station, Augusta, Maine 04333

Location: 45 Memorial Circle, Augusta, Maine

Phone: 207-287-4179

FAX: 207-287-6775



## 2014 REGISTRATION MATERIALS FOR MAINE CLEAN ELECTION ACT REPLACEMENT CANDIDATES

This packet contains the forms you will need to register with the Commission and to participate in the Maine Clean Election Act. The Commission staff is available to help you with any questions about running as a Maine Clean Election Act (MCEA) candidate.

COMPLETE THESE FORMS: \*THESE FORMS ARE REQUIRED WHEN REGISTERING

**\*Candidate Registration** Every candidate must register with the Commission before accepting any campaign contributions or making any campaign expenditures. Please complete and sign the enclosed registration form and return it to the Commission.

**Appoint a Treasurer** When you register, you will have to name your campaign treasurer. The treasurer is responsible for filing reports in the campaign finance e-filing system. The MCEA prohibits candidates from serving as treasurer or deputy treasurer and from filing campaign finance reports in the e-filing system. However, you may register and serve as your own treasurer for up to 14 days before appointing someone else. See *Treasurer's Guidance at the back of this packet.*

**\*Declaration of Intent (DOI)** Please complete and file the DOI form when you register. Qualifying contributions received more than 5 business days before the DOI is filed with the Commission will not count toward the eligibility requirements. You can begin to collect qualifying contributions on the day of your nomination.

**Maine Code of Fair Campaign Practices (optional)** Please review the Code and return the signed form if you want to subscribe. Subscribing to the Code is voluntary. The Commission is not authorized to take action against candidates who violate the Code.

**\*Vendor Form** You must complete this form to receive MCEA funds. Please do this when you register in order to be set up to receive an MCEA payment from the State.

**EFT - Authorization Agreement for Direct Deposit Services (optional)** If you prefer to receive your MCEA payments by direct deposit (EFT) rather than check, complete this form, attach a voided check or an authorization letter from your bank, and submit them to the Commission. Setting up direct deposit takes a minimum of two weeks. If you want direct deposit, complete and submit this form when you register.

OTHER REQUIREMENTS:

**Campaign Bank Account** You must have a separate bank account for your campaign funds, *i.e.*, your seed money contributions and your MCEA payments. You cannot commingle seed money or MCEA funds with personal or business funds. Remember that cancelled checks (or copies) and monthly statements are records that you must keep for three years.

**MCEA Expenditure Guidelines** All public funds must be spent on campaign-related expenditures in accordance with guidelines established by the Commission. Violations of this requirement may result in civil and criminal penalties. Please familiarize yourself with the guidelines (copy included in this packet).

**Seed Money** Prior to MCEA certification, you may raise and spend only "seed money contributions." A seed money contribution cannot exceed \$100 and must come from individuals only. Each family member may make a seed money contribution, provided that the money is from their personal funds. Seed money contribution limits are \$500 for House candidates and \$1,500 for Senate candidates. All cash and in-kind (goods and services) contributions count toward the limit. A seed money report must be filed whether you raised or spent any seed money.

Many questions can be answered by referring to the Commission's website, [www.maine.gov/ethics](http://www.maine.gov/ethics), or the *2014 Candidate's Guide*. Please call the Ethics Commission staff with your questions at 287-4179 and ask for a candidate registrar.

OTHER REQUIREMENTS (CONTINUED)

**Qualifying Contributions**

To become eligible to receive MCEA funds, you must collect a minimum number of qualifying contributions during the qualifying period. It is recommended that you collect more than the minimum in case some qualifying contributions are not accepted.

Qualifying Period and Required Number

<b>QUALIFYING PERIOD</b>	Date of your nomination to August 27, 2014.
<b>REQUIRED NUMBER OF QUALIFYING CONTRIBUTIONS</b>	House Candidates – 60
	Senate Candidates – 175

What is a Qualifying Contribution

Qualifying contributions are donations of \$5 or more made with the personal funds of individuals who are registered to vote in your district. They do not have to be enrolled in the same political party as you.

Qualifying contributions maybe made by:

- a personal check payable to the Maine Clean Election Fund (MCE Fund);
- cash, but only if the contributor signs a money order provided by the campaign in the same amount as the cash contribution. If the contributor prints their name on the money order, please ask them to sign it, too. If the money order is not signed, it will not be accepted and counted as a qualifying contribution; or
- a debit or credit card payment to the MCE Fund using the Commission’s online contribution website ([www.maine.gov/online/ethics/cleanelection](http://www.maine.gov/online/ethics/cleanelection)).

**Receipt and Acknowledgment Form (R&A Form) and Voter Verification**

For qualifying contributions made by check or money order:

- Each contributor must fill out and sign the R&A form.
- The contributors listed on a single form should be from the same city or town.
- Everyone, including candidates, circulating the forms and collecting qualifying contributions and signatures must complete and sign the circulator section of the form.
- You must bring these forms to the municipal clerks in your district to verify that the contributors are registered voters at the address listed on the form.

For qualifying contributions made by debit or credit card on the Commission’s website:

- Contributors do not sign a paper form because they sign electronically when they make their contribution.
- The online system automatically verifies the voter registration of online contributors.
- If the system is unable to verify the voter registration, the campaign must download and print the R&A forms for the unverified contributors and bring these forms to the town clerks for voter verification.

**Request for Certification Form**

This form must be received by the Ethics Commission by 5:00 p.m. on the last day of the qualifying period. For a checklist of documents that must be submitted, please refer to the Request for Certification form included in this packet. Requests for certification will not be granted if the qualifying contributions and verified Receipt and Acknowledgement forms are not submitted by the deadline of the qualifying period.

Qualifying Contributions and R & A Forms

You must submit at least the minimum number of valid qualifying contributions along with the R&A forms verified by municipals registrars. You do not need to submit R&A forms for qualifying contributions verified online. **Checks must be paper clipped to each sheet.**

Alphabetical List

You must submit an alphabetical list of all individuals including names and town/city where they reside who made a qualifying contribution by check, money order and online.

Seed Money Report

Before you can be certified, you must file a seed money report in the e-filing system.



## 2014 CANDIDATE REGISTRATION

**Notice:** Changes to registration information must be filed within 10 days in writing or by e-mail to the Commission.

Is this an amendment?  Yes  No

1. CANDIDATE INFORMATION		
Are you running as a (check one): <input type="checkbox"/> Maine Clean Election Act candidate <input type="checkbox"/> traditionally financed candidate		
Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party affiliation	Office sought & District #
Name: First	MI or Middle Name	Last
County (if applicable)		
Mailing address		Primary Phone - For Commission Use Only
City	Zip code	Public Phone
E-mail (required)	Fax	Alternate Phone

2. TREASURER INFORMATION		
Name: First	MI or Middle Name	Last
Primary Phone - For Commission Use Only		
Mailing address		Public Phone
City	Zip code	E-mail (required)
		Fax

**DESIGNATION OF TREASURER:** A candidate for office 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 Commission the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. A MCEA candidate may serve as treasure for no more than 14 days following the date of registration. (21-A MRSA §§ 1013-A and 1125(12-A))

2A. DEPUTY TREASURER INFORMATION		
Name: First	MI or Middle Name	Last
Primary Phone - For Commission Use Only		
Mailing address		Public Phone
City	Zip code	E-mail (required)

**DESIGNATION OF DEPUTY TREASURER (optional):** The candidate may appoint a deputy treasurer and notify the Commission 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. A MCEA candidate may serve as deputy treasure for no more than 14 days following the date of registration. (21-A MRSA §§ 1013-A and 1125(12-A)) (21-A MRSA § 1013-A (1)(A)(1))

3. AUTHORIZED AGENT INFORMATION		
Name	Phone	Email (required)
Name	Phone	Email

**DESIGNATION OF AUTHORIZED AGENT (optional):** Please use this section to designate individuals, other than the treasurer and deputy treasurer, authorized to file reports on your behalf.

4. POLITICAL COMMITTEE INFORMATION (optional)		
Name	Phone	
Address of campaign headquarters	City	Zip code

**DESIGNATION OF POLITICAL COMMITTEE (optional):** The candidate may form a political or campaign committee. Within 10 days of forming the committee and before accepting contributions, making expenditures or incurring obligations, the candidate must:

- appoint a treasurer (the candidate may have only one treasurer who is listed in Section 2) and
- register the committee and its officers, if any are appointed, with the Commission. (21-A MRSA § 1013-A (1) (B))

**Committee Officers (use additional pages, if necessary):**

Name	Title	Phone
Mailing address	City	Zip code
		E-mail

Name	Title	Phone
Mailing address	City	Zip code
		E-mail

5. CERTIFICATION	
I, _____, certify that the information in this registration is true, (Print Candidate's Full Name) accurate and complete.	
Signature of Candidate _____	Date _____

6. FOR COUNTY CANDIDATES ONLY	
<p><b>REPORTING EXEMPTION REQUEST:</b> A candidate for <u>county office</u> may request an exemption from the obligation to appoint a treasurer and file campaign finance reports if the candidate does not accept any cash or in-kind contributions or make any expenditures for his or her campaign. You cannot request a reporting exemption if you use your or your spouse's/domestic partner's personal funds to pay for your campaign expenses. To request an exemption, complete the statement below and sections 1 &amp; 5, have the form notarized, and submit it to the Commission.</p> <p><b>STATEMENT OF ELIGIBILITY FOR A REPORTING EXEMPTION:</b> I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.</p>	
Signature of county 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)
<p><b>REVOCATION NOTICE:</b> The foregoing statement may be revoked. Prior to revocation, the candidate must appoint a treasurer. A revocation notice must be in the form of an amended registration which must be filed with the Commission no later than 10 days after the date the treasurer is appointed. The notice must be filed before contributions are accepted or expenditures made. A late revocation notice is subject to the same penalties applicable to late campaign finance reports.</p>	

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

Rev. 03/13/2013



## 2014 DECLARATION OF INTENT To Seek Certification as a Maine Clean Election Act Candidate

---

Candidate's Name: \_\_\_\_\_  
(Please Print)

I hereby declare my intent to become certified as a Maine Clean Election Act candidate and to comply with the requirements of the Maine Clean Election Act. I authorize the Commission to conduct a financial audit of my campaign, including but not limited to financial records and account(s). I affirm the following in support of this Declaration of Intent:

- That I am seeking certification as a Maine Clean Election Act candidate.
- That I understand that any qualifying contribution I collected more than five business days before filing this Declaration of Intent with the Commission will not be counted toward the eligibility requirement.
- That I have raised and spent only seed money contributions since becoming a candidate, and that I will continue to comply with applicable seed money restrictions.
- That I will deposit and maintain all Maine Clean Election Act funds I receive in an account to be used solely for campaign purposes, and that all my payments of Maine Clean Election Act funds will comply with the Commission's expenditure guidelines.
- That I will obtain and keep campaign records required by the Maine Clean Election Act and by the Commission's rules and policies.
- That I have received or will obtain from the Commission the current Candidate Guidebook containing the Commission's policies.
- That I have elected to participate in this voluntary public financing program, and understand that it is my responsibility to review and to comply with the Maine Election Law, and the Commission's rules and policies.

I certify that the above affirmations are true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's Signature



## 2014 MAINE CODE OF FAIR CAMPAIGN PRACTICES

(Optional under 21-A M.R.S.A. § 1101(2))

---

I shall conduct my campaign and, to the extent reasonably possible, insist that my supporters conduct themselves, in a manner consistent with the best Maine and American traditions, discussing the issues and presenting my record and policies with sincerity and candor.

I shall uphold the right of every qualified voter to free and equal participation in the election process.

I shall not participate in and I shall condemn defamation of and other attacks on any opposing candidate or party that I do not believe to be truthful, provable and relevant to my campaign.

I shall not use or authorize and I shall condemn material relating to my campaign that falsifies, misrepresents or distorts the facts, including, but not limited to, malicious or unfounded accusations creating or exploiting doubts as to the morality, patriotism or motivations of any party or candidate.

I shall not appeal to and I shall condemn appeals to prejudices based on race, creed, sex or national origin.

I shall not practice and I shall condemn practices that tend to corrupt or undermine the system of free election or that hamper or prevent the free expression of the will of the voters.

I shall promptly and publicly repudiate the support of any individual or group that resorts, on behalf of my candidacy or in opposition to that of an opponent, to methods in violation of the letter or spirit of this code.

I, the undersigned candidate for election to public office in the State of Maine, hereby voluntarily endorse, subscribe to and solemnly pledge to conduct my campaign in accordance with the above principles and practices.

\_\_\_\_\_

Date

\_\_\_\_\_

Candidate's Signature

\_\_\_\_\_

Office Sought and District

\_\_\_\_\_

Printed Name



# State of Maine Substitute W-9 & Vendor Authorization Form

Reset Form

**Return to:**  
**Maine Ethics Commission**  
**135 State House Station**  
**Augusta, ME 04333-0135**  
**207-287-4179**

PURPOSE: To establish or update an account with the State of Maine's accounting system. | This form replaces the IRS W-9 form per the IRS W-9 language; "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9." | Complete this form if: 1) You will receive payment from the State of Maine, and/or 2) You are a vendor who provides services or goods to the State of Maine.

**All items with an asterisk ( \* ) must be completed.**

**TYPE OF REQUEST\*:** (Must select one.)

**New Request**

**Change (Choose)**

**Legal Name**

**DBA Name**

**Payment Address**

**Ordering Address**

**Contact Info**

**TAXPAYER ID NUMBER\* (TIN)** (Provide ONE only)

Candidate's Social Security Number (SSN)  -  -

**OR**

Committee's Federal Employer ID Number (FEIN)  -

Organization Type \* choose ONE  Individual/Candidate

**OR**

**Company Committee with FEIN**

Classification \* choose ONE  Individual  Sole Proprietorship

Corporation  Foreign (W8 required)  Partnership  
 Trust  State Gov't  Other Gov't  Other

**LEGAL NAME** (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)

Legal Name\*

Alias/DBA

**Other Info**

Vendor Customer Number (if known) VC#/VS#

Completed by Ethics or DAFS

**Payment Address\*** where the check will be sent to

Address

C/O

City/State/Zip

Phone

**Contact\***

Name

Phone

Ext

Email

Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

**Physical Address\*** if different from payment address

Address

C/O

City/State/Zip

Phone

**Contact\***

Name

Phone

Ext

Email

**Candidate's Signature & Current Date\***

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U. S. citizen or other U. S. person (defined by the IRS). Ref: www.irs.gov

OFFICE USE ONLY

Information on State Agency Submitting Vendor Form

OFFICE USE ONLY

State Agency & SHS #

Agency Contact Person Name & Title

Contact's Phone #

ETHICS, 135 SHS

Cyndi Phillips, Commission Assistant

(207) 287-4179

STATE OF MAINE  
ACTIVATION/CHANGE REQUEST FOR DIRECT DEPOSIT / EFT

To: MAINE ETHICS COMMISSION  
135 STATE HOUSE STATION  
AUGUSTA, ME 04333-0135

**We require you to submit a  
voided check or letter from your  
bank for account verification.**

**NEW CHANGE**

Circle ONE

Payee's Name\*

*\*TIN is required ~ Employer ID No. or Social Security No.*

TIN of Payee\*

EIN SSN

Contact Person's Name &  
Phone # (If different from Payee)

*Vendor Code in the State's Accounting system.*

Vendor Code

Include VC or VS

Address of Payee  
(Street/PO, City, State, & Zip)

*Vendor Code can be provided by the State Agency.*

*One Vendor Code (VC/VS) Number per a form.*

Email

I authorize the State of Maine to send DD/EFT payment detail to the email address included.

**By signing and returning this document, you agree to the following statement:**

I, the below signed, authorize you to electronically transfer payments to the account provided below. I/we authorize the Agency to initiate credit entries and debit entries (only for the purposes of correcting an erroneous credit provided that, prior to the debit I/we are notified by the Agency in writing of the reason) to my/our account at the below named financial institution. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

**OLD Bank Info:** *This section is for Changes ~ For New bank set up, please skip to NEW section below.*

Name on Account

Routing #   
*(Transit/ABA #)*

Name of Financial Institution

Account #

Address of Financial Institution  
(Street/PO, City, State, Zip & Phone)

Savings Checking  
Circle ONE

**You MUST notify us of changes to your name, address, & contact info by completing a Vendor Activation/Change form.**

**Locate our forms at: <http://www.maine.gov/osc/forms/index.shtml> (Under VENDOR section.)**

**NEW Bank Info:** *\*New bank info is REQUIRED to be written on this document.*

Name on Account\*

Routing #   
*(Transit/ABA #)*

Name of Financial Institution\*

Account # \*

Address of Financial Institution\*  
(Street/PO, City, State, Zip & Phone)

Savings Checking  
Circle ONE \*

**We require you to submit a voided check or letter from your bank for account verification.**

Signature of Payee\* \_\_\_\_\_

Date

(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

AGENCY CONTACT NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

SHS # \_\_\_\_\_

DATE \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING REQUEST FOR DIRECT DEPOSIT FORM

Please submit completed forms to the Ethics Commission, 135 State House Station, Augusta, ME 04333  
Please call the Commission with questions: 207-287-4179.

- All candidates must complete this form at the beginning of each election year (cycle). Circle “New” at the top right corner of the form. ***These forms take four weeks to process and must be received by the Commission a month before the certification deadline in order for the first check to be direct deposited.***
  - When updating your information during the election cycle, circle “Change” at the top right corner of the form.
  - “TIN” is the same taxpayer identification number (TIN) you used on your vendor form - either the candidate’s social security number (SSN) or a federal employer identification number (EIN or FEIN). Do not use the treasurer’s SSN.
  - Complete the “Contact Person’s Name & Phone” section with the name and phone number of the person you want the state’s accounting staff to contact concerning questions on your direct deposit request.
  - **The “Payment Address” must be the same payment address as found on your vendor form.**
  - If you want your direct deposit/EFT payment detail (correspondence) sent to an email address rather than mailed to you or your treasurer, check the box to the left of the email address you entered.
  - Read the authorization statement and check the box.
  - Complete the appropriate bank information section:
    - a. “NEW Bank Info” if you are completing the form for the first time in the election cycle; and
    - b. “OLD Bank Info” and “NEW Bank Info” if you are making a change to your information.
- “Name on Account” is the name you have given the bank for the account and usually is the name that appears on your campaign checks (e.g., “Jones for House”, “Mary Jones Senate 2010”, “Brad White, DBA Committee to Elect Brad”, “Emily Smith c/o Ann Black, Treasurer”). It is not the account holder’s name - unless that is the name you gave the account for the bank.
- **Attach a voided check or a letter from your bank** for account verification which is required by the State Controller’s Office for verification. The form will not be processed without bank verification.
  - Sign and date the form. Please hand-deliver or mail the completed original form to the Commission.  
**Faxed or scanned copies cannot be processed.**



## **2014 ELECTRONIC FILING WAIVER**

All candidates who receive or expect to receive \$1,500 for their campaigns are required to file their campaign finance reports electronically on the Commission's website. Filing electronically has many advantages, such as:

**NO MATH** – You do not need to enter any totals or fill out any summary pages. Just enter the individual receipts and expenditures, and the e-filing system will take care of the rest.

**CONVENIENCE** – All you need is internet access in order to file your reports. There is no need to come to the Commission's office on the filing deadline or worry about mailing the report by the filing deadline.

You may request a waiver of the electronic filing requirement if you lack access to the technology or the technological ability to file reports electronically. If you wish to request a waiver, sign the bottom of this page and submit it to the Ethics Commission. You must do this no later than April 15, 2014. The Commission will grant all reasonable requests for exceptions.

---

I REQUEST A WAIVER OF THE ELECTRONIC FILING REQUIREMENT BECAUSE I LACK ACCESS TO THE NECESSARY TECHNOLOGY OR THE TECHNOLOGICAL ABILITY TO FILE REPORTS ELECTRONICALLY.

---

Date

---

Candidate's Signature

---

Print Name



## **2014 FILING SCHEDULE**

### **For Maine Clean Election Act Legislative REPLACEMENT CANDIDATES**

#### **GENERAL ELECTION: NOVEMBER 4, 2014**

TYPE OF REPORT	FILING DEADLINE BY 11:59 P.M.	REPORT PERIOD
Seed Money Report	August 27, 2014	Date of first seed money contribution – request for certification date
42-Day Pre-General	September 23, 2014	End of Seed Money Report – September 16, 2014
11-Day Pre-General	October 24, 2014	September 17, 2014 – October 21, 2014
42-Day Post-General	December 16, 2014	October 22, 2014 – December 9, 2014

PLEASE NOTE: If you raised or spent any funds on your campaign (including your own funds) prior to July 16, you will have to file the 42 Day Post Primary report which is due on July 22, 2014. The 42-Day Pre General Report will be the first report of your campaign.

#### **24-HOUR REPORTS**

24-HOUR REPORT PERIOD	WHAT TO REPORT	WHEN TO FILE
October 22 – November 3, 2014	Any single expenditure of \$1,000 or more. Orders placed with or obligations made to vendors for goods or services are considered expenditures at the time the obligations are made.	Within 24 hours, including weekends and holidays, of making the expenditure, incurring the obligation, or placing the order.

#### **HOW TO FILE REPORTS**

*Using the Commission's Website.* Candidates who receive or expect to receive at least \$1,500 for their campaigns must file reports electronically on the Commission's website. Candidates or treasurers must enter the required information and the treasurer must click "File Report" by 11:59 p.m. on the filing deadline. Candidates who lack access to the technology or the technological ability to file reports on the internet may request a waiver. The Commission will grant all reasonable requests.

*Using Paper Forms.* For candidates who are not required to file electronically, each original campaign finance report signed by the candidate and treasurer must be properly filed with the Commission by the filing deadline, except in two circumstances. A properly signed report may be faxed to the Commission office at (207) 287-6775 by 11:59 p.m. on the deadline, provided that the Commission receives the original report within five calendar days. A report mailed to the Commission by certified or registered mail and postmarked at least two days before the filing deadline will not be considered late, even if it is received after the deadline.

Commission staff will be available until 5:00 p.m. on filing deadlines to offer assistance to candidates and campaign staff.



## 2014 EXPENDITURE GUIDELINES For Maine Clean Election Act Candidates

Candidates must spend Maine Clean Election Act (MCEA) funds for campaign-related purposes and not for other purposes such as the candidate's personal benefit, party-building, or to promote another candidate's campaign.

### PERMISSIBLE CAMPAIGN-RELATED EXPENDITURES

Expenditures for "campaign-related purposes" are those which are traditionally accepted as necessary to promote the election of a candidate to political office. Candidates using MCEA funds must also take into account the public nature of the funds, the underlying objectives of the MCEA, and the reasonableness of the expenditures under the circumstances. In Maine, traditional campaign expenses have included:

- Political advertising expenses
- Campaign communications such as signs, bumper stickers, T-shirts, or caps with campaign slogans, etc.
- Campaign events (e.g., invitations, food, tent or hall rental, etc.)
- Printing and mailing costs
- Office supplies
- Campaign staff expenses
- An entry fee for an event organized by a party committee, charity, or community organization or an ad in an event publication, as long as the expenditure benefits the candidate's campaign.
- Campaign travel expenses, such as fuel and tolls

### PROHIBITED EXPENDITURES

**Candidates may not use MCEA funds for personal expenses.** This means candidates may not borrow from or use MCEA funds for personal or other non-campaign expenses, even if temporarily and with the intention of repaying the funds. Personal expenses are for goods and services that the candidate would otherwise purchase independently of the campaign, such as:

- Day-to-day household expenses and supplies
- Mortgage, rent, or utility payments for the candidate's personal residence, even if part of the residence is being used by the campaign
- Vehicle repair and maintenance
- Non-campaign transportation expenses
- Clothing, including attire for political functions such as business suits or shoes

### Maine Clean Election Act funds may not be spent to:

- pay a consultant, vendor, or campaign staff for anything other than campaign goods or services
- compensate the candidate for services provided by the candidate
- make independent expenditures supporting or opposing any candidate, ballot question, or political committee
- assist in any way the campaign of any candidate other than the candidate for whom the funds were originally designated
- contribute to another candidate, a political committee, or a party committee other than in exchange for goods and services
- make a donation to a charity or a community organization, other than in exchange for campaign goods or services
- promote political or social positions or causes other than the candidate's campaign
- make a thank-you gift (including a gift card) to a volunteer or supporter
- pay civil penalties, fines, or forfeitures to the Commission, or defend the candidate in enforcement proceedings brought by the Commission
- assist the candidate in an election recount

<b>Salary and compensation</b>	Candidates may use MCEA funds to pay for campaign-related services by staff or consultants, provided that compensation is made at or below fair market value and sufficient records are maintained to show what services were received. Documentation must include a description of the labor performed by the staff member or consultant, and an itemization of any goods or services purchased from other vendors including date, vendor, and amount.
<b>Property and equipment</b>	Goods purchased with MCEA funds for \$50 or more that could be converted to personal use after the campaign (e.g., computers, fax machines, and cell phones) must be sold at fair market value and the proceeds returned to the Maine Clean Election Fund no later than 42 days after the final report for the campaign. If the campaign sells the property or equipment to the candidate or a member of the candidate's immediate family or campaign staff, the campaign must receive at least 75% of the original purchase price paid by the campaign. Candidates are welcome to lease electronic and other equipment.
<b>Unnecessary goods</b>	Legislative candidates may not spend MCEA funds for goods not typically necessary for a House or Senate campaign, such as office furniture, a brief case, or large storage items. If you are unsure whether an item you wish to purchase is within this category, please call the Ethics Commission for guidance.
<b>Promotional items</b>	Candidates may spend MCEA funds for inexpensive items to promote their candidacies or to gain visibility at public events, such as buttons, baseball caps, t-shirts, or candy to be distributed at parades and fairs. Spending MCEA funds on more expensive items, such as sweatshirts, fleeces, or coolers, is not permitted.
<b>Office supplies</b>	Candidates may spend MCEA funds for office supplies that they reasonably anticipate will be used for campaign purposes only. MCEA funds may not be spent for office supplies to be used for constituent communications or for other expenses associated with service as a public official. The Commission may require candidates to repay their campaign for any office supplies with a value of \$50 or more that were not used for campaign purposes or were used minimally for campaign purposes.
<b>Food</b>	Candidates may spend a reasonable amount of MCEA funds on food for campaign events or to feed volunteers while they are working, but must take into account the public nature of MCEA funding. Legislative candidates may not use MCEA funds to purchase food that is consumed <i>only</i> by the candidate and/or members of the candidate's immediate family. Generally, reasonable amounts for food should not exceed \$5 per person for breakfast, \$10 per person for lunch, and \$20 per person for dinner. If candidates wish to spend greater amounts per person for food, the Commission recommends that the candidate contact the Commission staff for guidance.
<b>Lodging</b>	Candidates may use MCEA funds to pay for lodging if necessary for campaign purposes, but must keep lodging expenses reasonable and may not exceed the lodging rates approved by the Office of State Controller for state employees conducting travel for state business. MCEA candidates may use personal funds for lodging, provided that they are not reimbursed by others.
<b>Car travel</b>	MCEA campaigns may reimburse the candidate or campaign workers for their car travel, as long as the person reimbursed has kept a <i>contemporaneous</i> travel log. For 2014, the campaign may make a travel reimbursement up to the number of miles traveled as reported in the log multiplied by \$0.44. Campaigns must keep the travel logs for three years, and provide them to the Commission if requested. Candidates and their spouses or domestic partners may spend any amount of their personal funds for campaign travel without seeking reimbursement. Other individuals may spend up to \$350 of their personal funds to pay for travel without making a contribution to the campaign.
<b>Campaign training</b>	Candidates may use MCEA funds for tuition or registration costs for campaign or policy issues training.
<b>Ballot questions</b>	Candidates may state their position with respect to a ballot question in a communication financed with MCEA funds. Candidates may not use MCEA funds for a paid communication that primarily supports or opposes a referendum or citizen initiative.
<b>Post-election notes and parties</b>	Candidates may spend up to the following maximum amounts of MCEA funds on post-election parties, thank you notes, or advertising to thank supporters or voters: \$250 for State Representative candidates, \$750 for State Senate candidates, and \$2,500 for candidates for Governor. Candidates may also use personal funds for these purposes.

# INSTRUCTIONS FOR THE ONLINE QUALIFYING CONTRIBUTION SYSTEM

## For MCEA Candidates. How to find out who gave you online qualifying contributions and download forms.

Use your e-filing "User ID and Password" for logging into the Commission's Online Qualifying Contribution website:

<http://www.maine.gov/online/ethics/cleanelection>

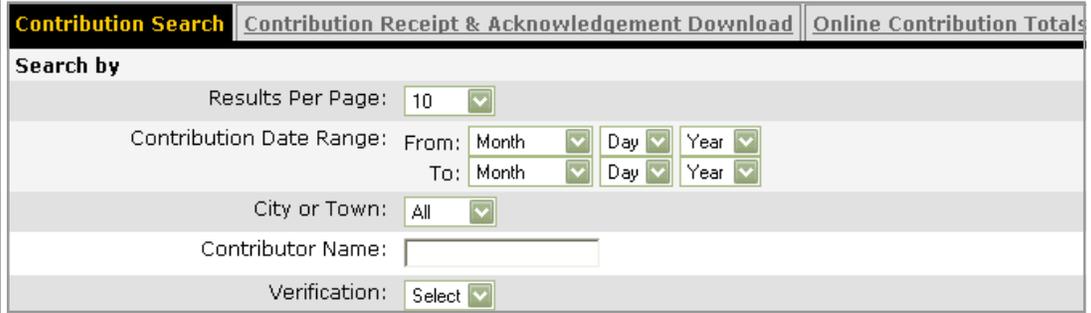
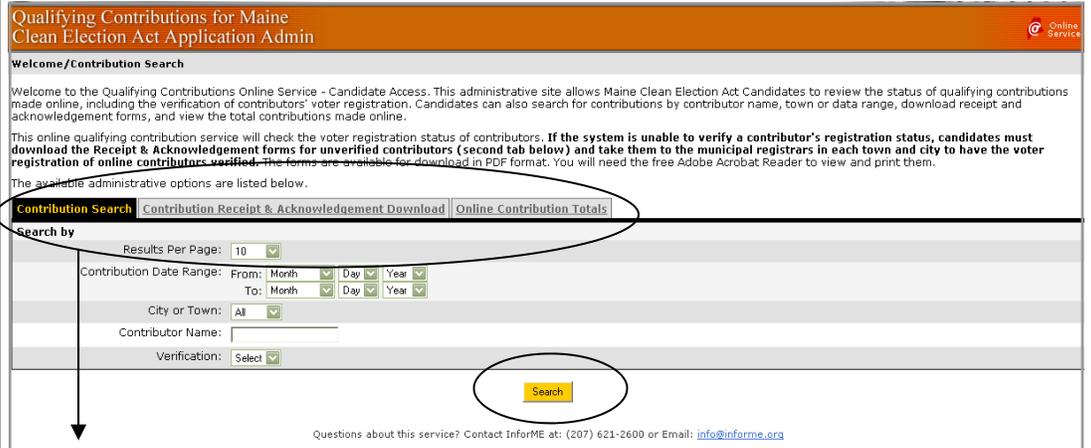
1. Click "Candidate Login."
2. Enter your user ID and password in pop-up box. Password is case sensitive.
3. Click "OK."



Use the three tabs on this screen to navigate the online system.

### "Contribution Search" tab:

1. Use dropdown lists to select the criteria that you want to search for.
2. Click "Search" button.
3. Results display as shown at bottom of page.
4. Click "Download Search Results" button to download information to an Excel file. Click "New Search" button to return to search screen. See below.



Example of "Contribution Search" results.

Click on contributor's name to find more information.

For contributions showing "No", download the forms and get them verified by town clerks.

Date of Contribution	City or Town	Contributor Name	Verified Online
01/12/2010	Turner	<a href="#">Ruth Clark</a>	Yes
01/10/2010	Turner	<a href="#">William J. Smith</a>	No

# INSTRUCTIONS FOR THE ONLINE QUALIFYING CONTRIBUTION SYSTEM

## How to: find out who gave you online qualifying contributions and download forms (continued).

Click “Contribution Receipt and Acknowledgement Download” tab:

1. Use dropdown lists to select the information you want to download to Receipt and Acknowledgement forms.
2. Click “Download PDF Form(s)” button.
3. Print forms.
4. For contributions “not verified online” (see example at right), town clerks must verify these by completing the information in the bottom left corner of the form.

↓

<b>Contribution Search</b>	<b>Contribution Receipt &amp; Acknowledgment Download</b>	<b>Online Contribution Totals</b>
<b>Select Contributions by</b>		
City or Town:	All <input type="button" value="v"/>	
Verification:	Select <input type="button" value="v"/>	
Date Range: From:	Month <input type="button" value="v"/>	Day <input type="button" value="v"/> Year <input type="button" value="v"/>
To:	Month <input type="button" value="v"/>	Day <input type="button" value="v"/> Year <input type="button" value="v"/>
<div style="border: 1px solid black; padding: 5px; display: inline-block; background-color: yellow;">Download PDF Form(s)</div>		



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
139 STATE HOUSE STATION  
Augusta, ME 04333  
207-287-4179  
www.maine.gov/ethics

**MAINE CLEAN ELECTION ACT**  
**ONLINE QUALIFYING CONTRIBUTIONS - RECEIPT AND ACKNOWLEDGEMENT**

CANDIDATE'S NAME (your name is printed here) \_\_\_\_\_ OFFICE:  House  Senate  Representative  Mayor DISTRICT #: 0

CONTRIBUTORS FROM THE TOWN OR CITY OF: Biddeford PAGE: 1 OF 1

	Date	System ID #	Contributor's Name	Residential Address
1	12/11/2009	5472	William J. Smith (not verified online)	12 Elm Street
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**Municipal Registrars:** Please circle the number of each contributor who is registered to vote in the district of the candidate. Please complete the statement below by inserting the total number of contributors on this page who are registered in the district. Please also cross out any blank lines or contributors who are not registered in the candidate's district.

I have verified that \_\_\_\_\_ contributors circled above are registered to vote in the electoral division of the candidate.  
Date: \_\_\_\_\_  
Signature of Registrar: \_\_\_\_\_

**Note to Municipal Registrars on Online Qualifying Contributions:** This Receipt and Acknowledgement form was automatically generated by the Commission's online qualifying contributions application. The contributors listed on this page have already submitted an electronic signature when they made the online contribution and are not required to sign the paper form. Please contact the Commission staff at 287-4179 if you have any questions.

This document was generated on 12/16/2009 at 12:38:57 AM

Click “Online Contribution Totals” tab to get an up-to-date summary of online contributions you have received.

↓

<b>Contribution Search</b>	<b>Contribution Receipt &amp; Acknowledgment Download</b>	<b>Online Contribution Totals</b>
<b>Contributions Totals</b> (as of 02/02/2010 04:18:41 PM)		
Total Contributors: <b>2</b>		
Total Contributions: <b>\$10.00</b>		
Total Verified Contributors: <b>2</b>		
Total Unverified Contributors:		

Close window to log out of system.



# MAINE CLEAN ELECTION ACT

## QUALIFYING CONTRIBUTIONS - RECEIPT AND ACKNOWLEDGEMENT

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
135 STATE HOUSE STATION, AUGUSTA, ME 04333

207-287-4179

WWW.MAINE.GOV/ETHICS

CANDIDATE'S NAME: \_\_\_\_\_ OFFICE:  HOUSE  SENATE DISTRICT # \_\_\_\_\_  
(Please check box above)

ALL CONTRIBUTORS MUST BE FROM THE TOWN OR CITY OF: \_\_\_\_\_

### IMPORTANT NOTICE TO CONTRIBUTORS:

- Your signature and qualifying contribution of \$5 or more will help the candidate named above to be eligible for public funding from the State to pay for the candidate's campaign.
- By signing below, you affirm that you have used your personal funds to make this contribution and that you have received nothing of value in exchange for your signature and contribution.

	Date	Check/M.O.#	Contributor's Name (Please Print)	Residential Address (No PO Box)	Contributor's Signature
1					
2					
3					
4					
5					
6					
7					
8					

***Falsifying any information on this form is punishable by law.***

***Please make checks and money orders payable to Maine Clean Election Fund. Money orders must be signed by the contributors.***

**Municipal Registrars:** Please circle the number of each contributor who is registered to vote in the candidate's district (any party) and complete the statement below by inserting the total number of contributors on this page who are registered in the district. Please also cross out any blank lines or contributors who are not registered in the candidate's district.

I have verified that \_\_\_\_\_ contributors circled above are registered to vote in the electoral division of the candidate.

Date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

**Circulators:** Anyone (including candidate) circulating this form must complete and sign the statement below for the contributions collected on this form to be accepted by the Commission.

I, (print name) \_\_\_\_\_, affirm that: (1) I collected the qualifying contributions, (2) to the best of my knowledge and belief, the signature is the signature of the person whose name it purports to be, (3) the contribution came from the personal funds of the contributor, and (4) I did not give anything of value to the contributor in exchange for their contribution and signature.

Signature of Circulator: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City/Town/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



# MAINE CLEAN ELECTION ACT

## QUALIFYING CONTRIBUTIONS - RECEIPT AND ACKNOWLEDGEMENT

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
135 STATE HOUSE STATION, AUGUSTA, ME 04333

207-287-4179

WWW.MAINE.GOV/ETHICS

CANDIDATE'S NAME: \_\_\_\_\_ OFFICE:  HOUSE  SENATE DISTRICT # \_\_\_\_\_  
(Please check box above)

ALL CONTRIBUTORS MUST BE FROM THE TOWN OR CITY OF: \_\_\_\_\_

### IMPORTANT NOTICE TO CONTRIBUTORS:

- Your signature and qualifying contribution of \$5 or more will help the candidate named above to be eligible for public funding from the State to pay for the candidate's campaign.
- By signing below, you affirm that you have used your personal funds to make this contribution and that you have received nothing of value in exchange for your signature and contribution.

	Date	Check/M.O.#	Contributor's Name (Please Print)	Residential Address (No PO Box)	Contributor's Signature
1					
2					
3					
4					
5					
6					
7					
8					

***Falsifying any information on this form is punishable by law.***

***Please make checks and money orders payable to Maine Clean Election Fund. Money orders must be signed by the contributors.***

**Municipal Registrars:** Please circle the number of each contributor who is registered to vote in the candidate's district (any party) and complete the statement below by inserting the total number of contributors on this page who are registered in the district. Please also cross out any blank lines or contributors who are not registered in the candidate's district.

I have verified that \_\_\_\_\_ contributors circled above are registered to vote in the electoral division of the candidate.

Date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

**Circulators:** Anyone (including candidate) circulating this form must complete and sign the statement below for the contributions collected on this form to be accepted by the Commission.

I, (print name) \_\_\_\_\_, affirm that: (1) I collected the qualifying contributions, (2) to the best of my knowledge and belief, the signature is the signature of the person whose name it purports to be, (3) the contribution came from the personal funds of the contributor, and (4) I did not give anything of value to the contributor in exchange for their contribution and signature.

Signature of Circulator: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City/Town/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



# MAINE CLEAN ELECTION ACT

## QUALIFYING CONTRIBUTIONS - RECEIPT AND ACKNOWLEDGEMENT

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
135 STATE HOUSE STATION, AUGUSTA, ME 04333

207-287-4179

WWW.MAINE.GOV/ETHICS

CANDIDATE'S NAME: \_\_\_\_\_ OFFICE:  HOUSE  SENATE DISTRICT # \_\_\_\_\_  
(Please check box above)

ALL CONTRIBUTORS MUST BE FROM THE TOWN OR CITY OF: \_\_\_\_\_

### IMPORTANT NOTICE TO CONTRIBUTORS:

- Your signature and qualifying contribution of \$5 or more will help the candidate named above to be eligible for public funding from the State to pay for the candidate's campaign.
- By signing below, you affirm that you have used your personal funds to make this contribution and that you have received nothing of value in exchange for your signature and contribution.

	Date	Check/M.O.#	Contributor's Name (Please Print)	Residential Address (No PO Box)	Contributor's Signature
1					
2					
3					
4					
5					
6					
7					
8					

***Falsifying any information on this form is punishable by law.***

***Please make checks and money orders payable to Maine Clean Election Fund. Money orders must be signed by the contributors.***

**Municipal Registrars:** Please circle the number of each contributor who is registered to vote in the candidate's district (any party) and complete the statement below by inserting the total number of contributors on this page who are registered in the district. Please also cross out any blank lines or contributors who are not registered in the candidate's district.

I have verified that \_\_\_\_\_ contributors circled above are registered to vote in the electoral division of the candidate.

Date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

**Circulators:** Anyone (including candidate) circulating this form must complete and sign the statement below for the contributions collected on this form to be accepted by the Commission.

I, (print name) \_\_\_\_\_, affirm that: (1) I collected the qualifying contributions, (2) to the best of my knowledge and belief, the signature is the signature of the person whose name it purports to be, (3) the contribution came from the personal funds of the contributor, and (4) I did not give anything of value to the contributor in exchange for their contribution and signature.

Signature of Circulator: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City/Town/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



# MAINE CLEAN ELECTION ACT

## QUALIFYING CONTRIBUTIONS - RECEIPT AND ACKNOWLEDGEMENT

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
135 STATE HOUSE STATION, AUGUSTA, ME 04333

207-287-4179

WWW.MAINE.GOV/ETHICS

CANDIDATE'S NAME: \_\_\_\_\_ OFFICE:  HOUSE  SENATE DISTRICT # \_\_\_\_\_  
(Please check box above)

ALL CONTRIBUTORS MUST BE FROM THE TOWN OR CITY OF: \_\_\_\_\_

### IMPORTANT NOTICE TO CONTRIBUTORS:

- Your signature and qualifying contribution of \$5 or more will help the candidate named above to be eligible for public funding from the State to pay for the candidate's campaign.
- By signing below, you affirm that you have used your personal funds to make this contribution and that you have received nothing of value in exchange for your signature and contribution.

	Date	Check/M.O.#	Contributor's Name (Please Print)	Residential Address (No PO Box)	Contributor's Signature
1					
2					
3					
4					
5					
6					
7					
8					

***Falsifying any information on this form is punishable by law.***

***Please make checks and money orders payable to Maine Clean Election Fund. Money orders must be signed by the contributors.***

**Municipal Registrars:** Please circle the number of each contributor who is registered to vote in the candidate's district (any party) and complete the statement below by inserting the total number of contributors on this page who are registered in the district. Please also cross out any blank lines or contributors who are not registered in the candidate's district.

I have verified that \_\_\_\_\_ contributors circled above are registered to vote in the electoral division of the candidate.

Date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

**Circulators:** Anyone (including candidate) circulating this form must complete and sign the statement below for the contributions collected on this form to be accepted by the Commission.

I, (print name) \_\_\_\_\_, affirm that: (1) I collected the qualifying contributions, (2) to the best of my knowledge and belief, the signature is the signature of the person whose name it purports to be, (3) the contribution came from the personal funds of the contributor, and (4) I did not give anything of value to the contributor in exchange for their contribution and signature.

Signature of Circulator: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City/Town/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



# MAINE CLEAN ELECTION ACT

## QUALIFYING CONTRIBUTIONS - RECEIPT AND ACKNOWLEDGEMENT

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
135 STATE HOUSE STATION, AUGUSTA, ME 04333

207-287-4179

WWW.MAINE.GOV/ETHICS

CANDIDATE'S NAME: \_\_\_\_\_ OFFICE:  HOUSE  SENATE DISTRICT # \_\_\_\_\_  
(Please check box above)

ALL CONTRIBUTORS MUST BE FROM THE TOWN OR CITY OF: \_\_\_\_\_

### IMPORTANT NOTICE TO CONTRIBUTORS:

- Your signature and qualifying contribution of \$5 or more will help the candidate named above to be eligible for public funding from the State to pay for the candidate's campaign.
- By signing below, you affirm that you have used your personal funds to make this contribution and that you have received nothing of value in exchange for your signature and contribution.

	Date	Check/M.O.#	Contributor's Name (Please Print)	Residential Address (No PO Box)	Contributor's Signature
1					
2					
3					
4					
5					
6					
7					
8					

***Falsifying any information on this form is punishable by law.***

***Please make checks and money orders payable to Maine Clean Election Fund. Money orders must be signed by the contributors.***

**Municipal Registrars:** Please circle the number of each contributor who is registered to vote in the candidate's district (any party) and complete the statement below by inserting the total number of contributors on this page who are registered in the district. Please also cross out any blank lines or contributors who are not registered in the candidate's district.

I have verified that \_\_\_\_\_ contributors circled above are registered to vote in the electoral division of the candidate.

Date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

**Circulators:** Anyone (including candidate) circulating this form must complete and sign the statement below for the contributions collected on this form to be accepted by the Commission.

I, (print name) \_\_\_\_\_, affirm that: (1) I collected the qualifying contributions, (2) to the best of my knowledge and belief, the signature is the signature of the person whose name it purports to be, (3) the contribution came from the personal funds of the contributor, and (4) I did not give anything of value to the contributor in exchange for their contribution and signature.

Signature of Circulator: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City/Town/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



## INSTRUCTIONS FOR COLLECTING \$5 QUALIFYING CONTRIBUTIONS Using Receipt and Acknowledgement Forms

1. Qualifying contributions are checks or money orders from registered Maine voters in the amount of \$5 or more made payable to the "Maine Clean Election Fund." For legislative candidates, the contributors must be registered to vote in the candidate's district.
2. Money orders must be signed by the contributor.
3. The \$5 (or more) qualifying contribution must come from the personal funds of the contributor.
4. Every person making a qualifying contribution of \$5 (or more) by check or money order must sign a Receipt and Acknowledgment Form. Spouses, domestic partners, family members, and friends cannot sign for each other. The campaign may make photocopies of the form if additional sheets are needed.
5. All contributors listed on a single page of the Receipt and Acknowledgment Form should be from the same town or city.
6. Members of a family who are registered to vote in the same household may combine contributions in one check or money order, provided that each contributor gives the qualifying contribution from their personal funds and signs the Receipt and Acknowledgment Form. *(Note: If a money order is used, all contributors must sign the money order.)*
7. Checks drawn from a checking account with a business name are acceptable if the contributor's name is also imprinted on the check (not hand printed) or the contributor submits a note or makes a notation on the check (e.g., memo line) that the contributor uses the business account for personal expenses.
8. Candidates and campaign staff must clearly explain to the contributor that the purpose of collecting qualifying contributions and signatures is to qualify for Maine Clean Election Act funding for their campaign. It is a violation of the Act to misrepresent the purpose of collecting the contribution or contributor's signature.
9. Anyone who circulates the Receipt and Acknowledgment Form and collects the qualifying contributions must read and complete the circulator's section at the bottom of the form, date and sign in the space provided.

Additional Instructions from Candidate:



## 2014 REQUEST FOR CERTIFICATION As a Maine Clean Election Act Replacement Candidate

**CERTIFICATION DEADLINE FOR  
REPLACEMENT CANDIDATES:**  
  
Wednesday, August 27, 2014 by 5:00 p.m.

CANDIDATE'S NAME: \_\_\_\_\_

OFFICE SOUGHT: \_\_\_\_\_ DISTRICT # \_\_\_\_\_ PARTY: \_\_\_\_\_

**I hereby request to be certified as a Maine Clean Election Act candidate. I agree to comply with all requirements of the Act and the Commission's rules. I have:**

- signed and filed a Declaration of Intent to participate in the Maine Clean Election Act;
- qualified as a candidate by petition or other means (confirmed by Secretary of State's Office);
- complied with seed money restrictions and otherwise met the requirements for participation in the Maine Clean Election Act;
- read the Commission's guidelines on permissible campaign-related expenditures;
- established a separate campaign account in a financial institution; and
- if applicable, any person who circulated my Receipt and Acknowledgement forms and collected qualifying contributions did so with my knowledge and consent.

**With this Request for Certification, I have submitted (please check the appropriate boxes):**

- at least the minimum number of qualifying contributions. I have submitted \_\_\_\_ qualifying contributions, which is the total collected on Receipt and Acknowledgement forms and on the Commission's website.
- for contributions made by check and money order, the original Receipt and Acknowledgement forms verified by the municipal clerks with the checks or money orders attached to the appropriate forms, in the order that the contributions are listed on the forms.
- for contributions made by credit or debit card on the Commission's website that were not verified by the online system, the printed Receipt and Acknowledgement forms verified by the municipal clerks.
- an alphabetical list of all qualifying contributors, which includes their towns and cities.
- a seed money campaign finance report filed electronically. (If no seed money was raised or spent, a "no activity report" must be filed. If you requested an electronic filing waiver, submit the completed paper report signed by your treasurer.)

**Request for Extension.** A candidate may request an extension of time to file the seed money report and the alphabetical list. The deadline for submitting the qualifying contributions and receipt and acknowledgement forms cannot be extended. I request an extension of time to file the following:

- Seed Money Report
  List of Contributors

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

**2014 TRAVEL LOG FOR MCEA CANDIDATES AND THEIR CAMPAIGN STAFF**

A travel log is required if MCEA funds are used for travel reimbursements. Logs must be maintained until Dec. 2017.

**Candidate's Name**

**Name:**

(Person requesting reimbursement)

**Address:**

Date of Travel (Required)	Odometer Reading at Start (Recommended)	Odometer Reading at End (Recommended)	Number of Miles Traveled (Required)	Specific Purpose and Destination of Travel (Required)
<b>HOW TO USE THIS FORM</b>				Number of miles this page
<ul style="list-style-type: none"> <li>Logs must be completed contemporaneously—at the time of travel.</li> <li>Start and end odometer readings are highly recommended.</li> <li>The purpose of the travel must be specified in detail: “door to door,” “attended meet and greet” and “candidates’ forum” - are acceptable descriptions. “Campaigning” or “candidate activities” are not acceptable because they do not describe the purpose in enough detail.</li> </ul>				Number of miles from attached pages
				Total miles traveled
			\$	Multiply total miles by \$0.44 This is the <u>maximum</u> reimbursement amount based on mileage. The payments for fuel can not exceed this amount.

**Affirmation.** To be completed by the person requesting reimbursement from the campaign for that person’s travel expenses.

I, \_\_\_\_\_, affirm that my travel reported in this log: (1) was campaign related; (2) occurred on the dates and to the destinations listed; (3) is, to the best of my knowledge, an accurate record of the number of miles traveled; and (4) that the entries in this log were made on the day the travel occurred.

\_\_\_\_\_  
Signature of person requesting reimbursement

\_\_\_\_\_  
Date

(For use by campaign) Date of Reimbursement:	\$ _____	Actual Amount of Reimbursement
---	----------	--------------------------------





# GUIDANCE FOR MCEA TREASURERS

Maine Commission on Governmental Ethics and Election Practices  
135 State House Station  
Augusta, ME 04333  
Website: [www.maine.gov/ethics](http://www.maine.gov/ethics)

## Welcome to the MCEA Program!

When candidates are seeking a campaign treasurer, they frequently ask the question: “What are the responsibilities and tasks of a treasurer?” Candidates want to assure that the person they appoint understands their role as treasurer. This information sheet summarizes the duties and responsibilities of a treasurer. More detailed information can be found in the *Candidate’s Guide*—which is located on the Commission’s website in electronic format or a copy may be requested from the Commission.

Because an MCEA candidate uses public funds for their campaign, the candidate and the treasurer have a high but reasonable standard of accountability for the proper use of those funds. It is important that a treasurer is reliable and actively keeps track of all campaign finances, maintains all campaign records including seed money contribution and expenditure records *as required by law*, and files complete and accurate campaign finance reports on time. The treasurer is responsible for filing reports in the campaign finance e-filing system.

## I. Keep Complete Records

As treasurer, maintaining and keeping track of all campaign finance records is important because these records document that MCEA funds were spent for campaign purposes. Complete and accurate records also make filing campaign finance reports easy!

Records you need to maintain during the election cycle are:

- ◆ For the Campaign Bank Account: All bank statements/credit card statements including copies of cancelled checks.
- ◆ For Seed Money Contributions: Copies of contribution checks, deposit slips, name, address of contributor, and occupation and employer information (for contributors giving more than \$50).
- ◆ For Expenditures:
  1. Vendor invoice or timesheet listing goods or services purchased *for every expenditure over \$50*.
  2. Proof the vendor received payment—a cancelled check, cash receipt, or debit/credit record as found in the campaign bank account statement or credit card statement.
  3. Sub-vendors must provide the above records to the vendor—and the vendor must provide them to the treasurer. Make sure vendors are aware of this requirement if they will be using sub-vendors.
- ◆ For Reimbursements: From the person requesting the reimbursement, obtain the receipt and proof of payment—which is either a copy of the check the person wrote to the vendor or a copy of a debit/credit card statement from the account that the person used to pay the vendor.
- ◆ For Mileage Reimbursements: The original log(s) submitted to the campaign.

### Inside:

Use Campaign Account for All Expenditures	2
Seed Money vs. \$5 Qualifying Contributions	2
Mileage Log and Reimbursements	2
Reimbursements: Making and Reporting Correctly	3
Documenting TV and Radio Ad Purchases	3
Handling and Reporting Vendor Refunds	4
Reconciling Bank Balance with Report Balance	4
File Reports on Time	4
Record Retention: Three Years	4

***Good recordkeeping makes filing accurate campaign finance reports easy.***

***See Chapter 7 of the Candidate’s Guide for a complete explanation of campaign records.***

## 2. Use Campaign Bank Account for All Expenditures

*Treasurers and candidates are responsible for authorizing expenditures.*

*Over spending MCEA funds is a violation.*

Candidates are *required* to deposit seed money and MCEA funds into a campaign account because commingling of any campaign funds with personal or business funds is *prohibited*. Therefore, use the campaign account for all campaign transactions. This makes recordkeeping and reporting easy!

- ◆ Consider an account where cancelled checks or copies are provided to you with your monthly statements. If you are selected for a random audit, you will have to provide copies of the checks and bank statements to the Commission.
- ◆ Minimize reimbursements because they require more recordkeeping (see next page).

## 3. Seed Money vs. \$5 Qualifying Contributions

Sometimes there is confusion between seed money and the \$5 qualifying contributions. Seed money is the limited amount of private funds that the campaign raises from individuals to help the campaign through the qualifying period. The \$5 qualifying contribution is a \$5 (or more) contribution collected by the campaign from registered voters in the district to demonstrate that the candidate has support in their district in order to qualify for public funds for their campaign.

SEED MONEY CONTRIBUTION	\$5 QUALIFYING CONTRIBUTION
Not a requirement—optional	A requirement for receiving MCEA funds—and must be submitted when requesting certification or no later than by 5:00 p.m. on the day of the deadline.
Payable to the campaign	Payable to “ <b>Maine Clean Election Fund</b> ”
Deposited in the campaign bank account	<u>Not</u> deposited in the campaign bank account but submitted to the Commission (attached to the corresponding Receipt & Acknowledgement form)
From individuals only and may give no more than \$100	From any registered voter in the district (Democratic, Green-Independent, Republican, and unenrolled)
No more than \$500 may be raised by House candidates; \$1,500 for Senate	At least 60 verified contributions must be submitted by House candidates; 175 for Senate candidates

## 4. Mileage Logs & Reimbursements

*See Chapter 7 in the Candidate’s Guide for additional information on logs and reimbursements.*

Any mileage reimbursement made with MCEA funds must be documented by a mileage log that meets the standards found in the Commission’s laws and rules. The log must be completed contemporaneously—as the travel occurs—not at the end of the campaign or report period.

As treasurer, you should request the original log before authorizing or making a mileage reimbursement. The logs must be kept for three years as part of the campaign records and will be requested if the campaign is randomly selected for an audit—or may be requested as part of a routine compliance check of any report filed with the Commission.

An example of a log meeting all requirements is found in the *Candidate’s Guide*. If the log that was used to make a reimbursement does not meet the requirements, the reimbursement may not be allowed and the person who was reimbursed may be required to return the funds.

## 5. Reimbursements: Making and Reporting Correctly (except mileage reimbursements; see opposite page)

1. Before making a reimbursement, obtain from the person you are reimbursing: (a) the original vendor receipt/invoice for the goods/services purchased and (b) a copy of the check the person wrote to the vendor or a copy of a debit/credit card statement from the account that the person used to pay the vendor. These records are required and are needed in order to correctly report a reimbursement.
2. Make all reimbursements in the same report period in which the goods/services were originally purchased. This is a requirement in Commission Rules because if the reimbursement is not made in the report period, it is considered an in-kind contribution and is prohibited for MCEA candidates.
3. Report the reimbursement correctly. The name of the “Payee” is the vendor name—the name on the original receipt/invoice and not the name of the person receiving the reimbursement. Enter the name of the person receiving the reimbursement in “Remarks.”

***This is the #1 reporting error! Please report reimbursements correctly.***

***See Chapter 7 in the Candidate’s Guide for additional information on reimbursements and media purchases.***

## 6. Documenting TV and Radio Ad Purchases

You should make sure that your media buyer and media outlets understand the documentation requirements early – when you and the campaign are placing an order. Copy the guidance found in Chapter 7 in the *Candidate’s Guide* and give it to the media buyer or outlets. The guidance describes the documentation that the campaign is required to obtain and keep as part of the campaign records. Documentation includes the following three items: “proof of payment”—copy of check or debit credit statement; invoice from media outlet; and invoice from media buyer (if using one).

The final invoice from the media outlet is for the actual spots aired—which may be less than the number of spots that were scheduled and initially paid for. The media outlet will refund the difference to the campaign or the buyer. The buyer will then refund the amount to the campaign.

TWO WAYS TO PURCHASE ADS	
Using a media buyer	Purchasing directly from media outlets
Provide copies of pages from the <i>Candidate’s Guide</i> (as mentioned above) that explain the documentation and reporting requirements.	Provide copies of the pages from the <i>Candidate’s Guide</i> (as mentioned above) that explain the documentation and reporting requirements.
When making payment, make sure the buyer understands the documentation that they will have to provide to you.	Request that the documentation (invoice) be provided <u>ASAP</u> – rather than weeks after the election.
Report refunds.	Report refunds.

PROOF OF PAYMENT TO MEDIA OUTLET	
When a media buyer makes a payment	When the campaign makes a payment
If by check, a copy of the check written <u>by</u> media buyer to media outlet	If by check, a copy of check written by the campaign to media outlet
If by debit/credit card, a copy of <u>media buyer’s statement</u>	If by debit/credit card, a copy of card statement

## 7. Handling and Reporting Vendor Refunds

1. Deposit Refund Check. When a vendor refund is received, deposit the refund check into the campaign bank account.
2. Report the Refund. To report a refund, find the expenditure that was originally reported and enter a “return” for the amount of the refund. To search for an expenditure in the e-filing system, use the search function under the Financial tab.

## 8. Reconcile Bank Balance with Report Balance

Before you file a report, reconcile the cash balance found in the financial activity summary of the report you are filing with the cash balance of the campaign bank account. By reconciling the balance, you are assured that you are filing an accurate report that substantially complies with the reporting requirements.

The treasurer is responsible for filing reports in the campaign finance e-filing system.

## 9. File Reports On Time

Treasurers and candidates are responsible for filing campaign finance reports on time. All reports—including 24 Hour Reports—are filed on the Commission’s website unless an E-filing Waiver Request was submitted to the Commission. Filing deadlines for each report may be found on the candidate’s homepage in the e-filing system and in the *Candidate’s Guide*.

## 10. Record Retention: 3 Years

Treasurers or candidates must keep all campaign records for three years after the filing of the last campaign finance report for the election. For candidates, who were unsuccessful in the primary, the last campaign finance report is the 42-Day Post-Primary Report; for candidates, who participated in the general election, the last report is the 42-Day Post-General Election Report.



We found the reporting errors. Somebody entered all of the zeros upside down.



**Questions?  
Call !  
207-287-4179**

**Commission on Governmental Ethics and Election Practices**

Mailing: 135 State House Station, Augusta, Maine 04333-0135

Location: 45 Memorial Circle, Augusta, Maine

Phone: 207-287-4179

Fax: 207-287-6775

Website: [www.maine.gov/ethics](http://www.maine.gov/ethics)

E-Filing: [www.maine.electionfinance.com](http://www.maine.electionfinance.com)

# STATEMENT OF SOURCES OF INCOME COVERING 1/1/2013 TO 12/31/2013

To: Legislative Candidates (Replacement) in the 2014 General Election

From: Commission Staff

Date: July 15, 2014

Subject: Statement of Sources of Income (form enclosed)

As a legislative (replacement) candidate in the 2014 general election, you are required to file the enclosed Statement of Sources of Income covering calendar year 2013. The Commission has set the due date for candidates to submit this form no later than August 4, 2014. **Incumbent legislators in the general election have already filed the statement earlier this year in February and have met this requirement.**

Please read the enclosed instructions and after completing the Statement, please sign and date it before submitting it to the Commission. An electronic version of the form is also available on the Commission's website in the *Notices* section. You can complete the form on your computer and print it out for your signature. A completed Statement may be faxed to the Commission at 207-287-6775 but you must mail the original signed Statement to the Commission.

If you need additional time beyond the deadline to complete the form, please contact the Commission so that you will avoid a late filing penalty.

Please call the Commission staff at 287-4179 if you have questions or need assistance.

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

OFFICE LOCATION: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE

MAILING ADDRESS: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0135

PHONE: 207-287-4179      FAX: 207-287-6775

WEBSITE: [WWW.MAINE.GOV/ETHICS](http://WWW.MAINE.GOV/ETHICS)



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333
OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE
WEBSITE: WWW.MAINE.GOV/ETHICS
PHONE: 207-287-4179
FAX: 207-287-6775

STATEMENT OF SOURCES OF INCOME FOR LEGISLATIVE CANDIDATES
2013 Calendar Year: January 1, 2013 - December 31, 2013

Form with fields: Name, Office (House/Senate), Mailing Address, District Number, City/Town, State, Zip, E-mail Address

FILING DEADLINE
Please file this statement with the Ethics Commission by 5:00 p.m., August 4, 2014.

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
A glossary is located in the back of this form.
If completing this form by hand, please write legibly. NO RED INK
Report the sources of income for you, your spouse or domestic partner, and your dependent children.
Report only specific sources of income. Dollar amounts need not be listed.
Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
The completed statements are made available to the public upon request.
Please keep a copy of this statement for your records.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislative candidates are required to update their statement of sources of incomes within 30 days of a substantial change in your or an immediate family member's income, reportable liabilities or positions (except dependent children) that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid you or immediate family member \$2,000 or more in the current year;
A new reportable liability of \$3,000 or more obtained during the current calendar year;
A new contract or other arrangement between you, immediate family member or associated organization and a State agency, board or commission for the lease or sale of goods or services with a value of more than \$10,000 during the current calendar year; and
A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

Please call the Commission staff 207-287-4179 if you have any questions.
Thank you for your cooperation!

**INSTRUCTIONS: Part 1. Income from Employment by Another**

If you were a full or part time employee of any public or private organization and received compensation during the reporting year of \$2,000 or more, list your job title, and the name, address, and principal type of economic or business activity of the employer. Do not include information about self-employment or the practice of law in this section.

**EXAMPLE:** Jane is currently serving as a State Senator. She is also employed by Pine Tree Counseling Services as a counselor and earns more than \$2,000 per year.

Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title
<i>Pine Tree Counseling Services</i>	<i>201 Main Street, Pine Tree City, ME</i>	<i>Counseling Services</i>	<i>Counselor</i>
<i>Maine State Legislature</i>	<i>3 State House Station, Augusta, ME</i>	<i>Government</i>	<i>State Senator</i>

**INSTRUCTIONS: Part 2. Income from Self-Employment**

If you sold goods or provided services to others during the reporting year, list the name, address, and principal type of economic activity of your business. If your business does not have a name, list the name under which you provide goods and/or services. If the amount you received from any client or customer was more than \$2,000 or more than 10% of your gross income from self-employment during the year, whichever is greater, list the name, address, and principal type of economic or business activity of the client or customer. If this type of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic or business activity of the client or customer.

**EXAMPLE:** Jane has a business that supplies rough cut timber. Last year the business grossed \$30,000. Robert Thompson bought four orders of lumber at \$1,000 per order—\$4,000 in total. Joan Hill bought \$2,000 worth of lumber. Because her business made \$30,000 during the reporting period, she must only report those clients who represent more than 10% or \$3,000, of her income from self-employment.

Name of Your Business/Trade name	Address of Business	Principal Type of Economic or Business Activity
<i>Smith's Lumber Co.</i>	<i>123 Main Street, Pine Tree City, Maine</i>	<i>Rough Cut Timber Milling</i>
Name of Customer or Client, if required (see instructions).	Address	Principal Type of Economic or Business Activity of Client
<i>Robert Thompson</i>	<i>456 Main Street, Pine Tree City, Maine</i>	<i>Carpenter</i>

**INSTRUCTIONS: Part 3. Business Entities**

List the name, address and principal economic or business activity of any corporation, partnership, limited liability company or other business entity in which you or the members of your immediate family, own or control, directly or indirectly, more than 5% of the outstanding equity, individually or in the aggregate, if the business had revenue of \$2,000 or more during the calendar year.

**EXAMPLE:** Jane's spouse is the sole member of a limited liability company which receives revenue of more than \$2,000 each year by leasing office suites in an office building it owns.

Name of Business	Address	Principal Type of Economic or Business Activity
<i>123 Broad Street LLC</i>	<i>456 Elm Street, Pine Tree City, Maine</i>	<i>Leasing of office space</i>

**INSTRUCTIONS: Part 4. Income from the Practice of Law**

List the name, address, and major areas of practice for all sources of income of \$2,000 or more derived from the practice of law. If you are a member of a firm, partnership, or limited liability company, list the major areas of practice for that entity. In addition, state whether you are a sole practitioner, partner, associate, or shareholder.

**EXAMPLE:** Last year, Jane was a sole practitioner. Her labor law practice earned more than \$2,000.

Name of Firm or Practice	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner
<i>The Law Office of Jane Smith</i>	<i>789 Elm Street, Pine Tree City, Maine</i>	<i>Labor Law</i>	<i>N/A</i>	<i>Sole Practitioner</i>

**Part 1. Income from Employment by Another** None. Check this box if you did not have income from employment by another.

Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title

**Part 2. Income from Self-Employment** None. Check this box if you did not have income from self-employment.

Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client

**Part 3. Business Entities** None. Check this box if you and your immediate family did not own or control more than 5% of any business.

Name of Business	Address	Principal Type of Economic or Business Activity

**Part 4. Income from the Practice of Law** None. Check this box if you did not have income from the practice of law.

Name of Practice or Firm	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner

**INSTRUCTIONS: Part 5. Income from Any Other Source**

Include in this section any source of income of \$2,000 or more not listed in Parts 1, 2, or 3 which you received during the reporting year, such as investments, sales of property, or retirement benefits. Please see the glossary for examples of income that must be reported. Include income received "in-kind" as well as regular income.

Income **does not** include alimony, child support or similar support payments, campaign contributions, gifts or honoraria. Income also does not include funds or other property held in trust for another such as fees that are paid in advance or money to be spent on behalf of a client for a licensing or filing fee.

**Do not** include income received by immediate family members. Report immediate family members' income in Parts 6-A & 6-B.

**EXAMPLE:** Jane has investments in a mutual fund with Global Investment, LLC. The mutual fund paid quarterly dividends to Jane that added up to more than \$2,000 over the course of the reporting year. In addition, Jane receives a monthly pension payment from her prior job as a school teacher.

Name of Source	Address	Description of Income
<i>Global Investment, LLC</i>	<i>One Copley Plaza, Boston, MA</i>	<i>Mutual fund</i>
<i>Maine Public Employees Retirement System</i>	<i>46 State House Station, Augusta, Maine</i>	<i>Pension</i>

**INSTRUCTIONS: Part 6-A. Compensation Income of Immediate Family Members**

List the name, address, and principal type of economic or business activity for each entity representing income of \$2,000 or more **derived through employment or compensation** by any member of your immediate family. Include all income received through employment by another, self-employment, or the practice of law.

Include the job title **and** name of the **spouse or domestic partner** receiving income. Include the job title of the dependent child receiving income, but **do not** include the dependent child's name. Instead write "dependent" in the section for name.

**EXAMPLE:** Jane's spouse is an attorney with Smith & Jones. He earned more than \$2,000 in the previous year practicing law. Jane's dependent daughter worked as a lifeguard during the summer of the previous year, earning more than \$2,000.

Name and Job Title (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
<i>John Smith, Attorney</i>	<i>Smith &amp; Jones, L.L.P. 28 Hollywood Drive, Raymond, Maine</i>	<i>Worker's Comp., Personal Injury, Probate/ Wills</i>
<i>Dependent, Lifeguard</i>	<i>Pine Tree YMCA 202 Main Street, Pine Tree City, Maine</i>	<i>Fitness</i>

**INSTRUCTIONS: Part 6-B. Other Source of Income of Immediate Family Members**

List the name, address, and type of income for each source of income not listed in Part 5-A which represents \$2,000 or more received by any member of your immediate family. Include the name of the spouse or domestic partner receiving income. **Do not** include the name of a dependent child receiving income. Instead, write "dependent" in the section for name.

**EXAMPLE:** Jane's oldest daughter was given money to be held in trust until her 16th birthday. Now that she has turned 16, the trust is issuing payments to her. Over the course of the year, the payments add up to more than \$2,000. Jane's spouse lost his job and is receiving unemployment benefits. Last year, he received more than \$2,000 in benefits.

Name of Spouse or Partner (do not list name of dependent child)	Source's Name and Address	Type of Income
<i>Dependent</i>	<i>Union Life Insurance Co., One Copley Plaza, Boston, MA</i>	<i>Trust distribution</i>
<i>John Smith</i>	<i>Maine Dept. of Labor</i>	<i>Unemployment Benefits</i>

**Part 5. Income from Any Other Source**

None. Check this box if you did not have income from any other source.

Name of Source	Address	Description of Income

**Part 6-A. Compensation Income of Immediate Family Members**

None. Check this box if no members of your immediate family received income of \$2,000 or more from employment or compensation.

Name and Job Title (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer

**Part 6-B. Other Sources of Income of Immediate Family Members**

None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.

Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income

**INSTRUCTIONS: Part 7. Loans and Liabilities**

If you received any loan of \$3,000 or more during the reporting year that was not secured by collateral (e.g., mortgage, car loan), list the name, address, and principal type of economic or business activity of the lender. For more information concerning what loans and liabilities must be reported, please see the definition of reportable liability in the glossary.

**EXAMPLE:** Jane borrowed \$5,000 from Carl Smith, a friend, to pay for an addition of a deck to her house.

Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender
Carl Smith	201 Main Street, Pine Tree City, Maine	Accountant

**INSTRUCTIONS: Part 8. Gifts, Including Travel and Accommodations**

List each source from which you received a gift or gifts with a total value of more than \$300 during the reporting year. If a person or organization has spent more than \$300 in the year to finance your travel, meals, or accommodations, their payments are considered a gift which must be reported. See the glossary for goods and services which are **not** considered a gift.

**EXAMPLE:** Jane was invited to speak at a conference on utilities regulation held by the U.S. New Energy Association. The association paid her travel and hotel expenses, which were \$800. Because the cost of travel and lodging was more than \$300, it is a gift and must be disclosed.

Source of Gift	Source of Gift
1. U.S. New Energy Association	2.

**INSTRUCTIONS: Part 9. Honoraria**

List all sources of honoraria of \$2,000 or more you received during the reporting year. "Honoraria" means a payment of money or anything with resale value received for an appearance or speech by you in your official capacity. See the glossary for more information concerning honoraria.

**EXAMPLE:** Jane was paid to speak at the national conference on proposed corporate tax legislation in Maine.

Source of Honoraria	Source of Honoraria
1. National Federation of Independent Businesses	2.

**INSTRUCTIONS: Part 10. Positions in Political Action, Ballot Question or Party Committees**

List the name of each political action committee, ballot question committee, or political party committee for which you or a member of your immediate family were the treasurer, a principal officer, fundraiser or decision-maker.

**EXAMPLE:** Jane Smith was a principal officer in a ballot question committee that is active in a bond referendum. Her husband was the treasurer of the Falmouth Republican Committee.

Name of Committee	Name of Official or Family Member	Title
1. Improve Maine's Economy PAC	Jane Smith	Principal Officer
2. Falmouth Republican Committee	John Smith	Treasurer

**Part 7. Loans**

None. Check this box if you did not have reportable liabilities.

Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender

**Part 8. Gifts, Including Travel and Accommodations**

None. Check this box if you did not received any gifts.

Source of Gift	Source of Gift
1.	2.
3.	4.

**Part 9. Honoraria**

None. Check this box if you did not receive honoraria.

Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

**Part 10. Positions in Political Action, Ballot Question or Party Committees**

None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.

Name of Committee	Name of Official or Family Member	Title
1.		
2.		

**INSTRUCTIONS: Part 11. Conducting Business with State Agencies**

List each State agency, board or commission to which you or an immediate family member or an associated organization rented, leased or sold goods or services for more than \$10,000 during the reporting period. Include the name of the individual or organization conducting business with the agency and a description of the goods or services.

**EXAMPLE:** Jane’s spouse is the vice-president for operations of a large software developer. Last year, the company received \$250,000 from the Department of Environmental Protection for developing custom software.

Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Goods or Services
<i>Dept. of Environmental Protection</i>	<i>Acme Technology, Inc.</i>	<i>Custom software application</i>

**INSTRUCTIONS: Part 12. Representing Others before State Agencies**

If you, or a member of your immediate family, appeared for, represented, or assisted any person or client before a State agency for compensation, list the State agency and the person receiving the compensation for the representation or assistance.

**EXAMPLE:** Jane’s spouse, an attorney, received \$5,000 for representing a client before the Department of Health and Human Services in an appeal of a disability determination.

Name of Agency	Name of Individual Receiving Compensation
<i>Department of Health and Human Services</i>	<i>John Smith</i>

**INSTRUCTIONS: Part 13. Positions in For-Profit and Non-Profit Organizations**

List any for-profit or non-profit corporation, firm, association, limited liability company, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature in the reporting year, and indicate whether the position was compensated or uncompensated.

Reportable positions include, but are not limited to:

- Director
- Partner
- Trustee
- Officer of any type
- Member of limited liability company
- President
- Chair of board
- Treasurer
- Secretary
- Board member

A clerk of a corporation or a registered agent authorized to receive service of any process, notice or other demand for a business entity is not considered a position with the corporation or business entity.

**EXAMPLE:**

Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislative candidate	Compensated Yes/No
<i>Kennebec Historical Society 107 Winthrop Street Augusta, Maine 04330</i>	<i>Director</i>	<i>Jane Smith</i>	<input checked="" type="checkbox"/> <i>Self</i> <input type="checkbox"/> <i>Spouse</i> <input type="checkbox"/> <i>Dependent</i>	<i>No</i>
<i>Community Ventures, LLC 2941 Fairview Park Drive Pine Tree City, Maine, 232042</i>	<i>Member</i>	<i>John Smith</i>	<input type="checkbox"/> <i>Self</i> <input checked="" type="checkbox"/> <i>Spouse</i> <input type="checkbox"/> <i>Dependent</i>	<i>Yes</i>

**Part 11. Conducting Business with State Agencies**

None. Check this box if neither you nor your immediate family did business with any State agency.

Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Good or Services

**Part 12. Representing Others Before State Agencies**

None. Check this box if neither you nor your immediate family represented another before a State agency.

Name of Agency	Name of Individual Receiving Compensation

**Part 13. Positions in For-Profit and Non-Profit Organizations**

None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislative candidate	Compensated Yes/No
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	

**SIGNATURE**

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))

## Glossary

**Associated organization** means any organization in which you or a member of your immediate family is a managerial employee, director, officer or trustee or owns or controls, directly or indirectly, and severally or in the aggregate, at least 10% of the outstanding equity.

**Gift** means anything of value, including forgiveness of an obligation or debt, given to a person without that person providing equal or greater consideration to the giver. "Gift" does not include:

- A. Gifts received from a single source during the reporting period with an aggregate value of \$300 or less;
- B. A bequest or other form of inheritance;
- C. A gift received from a relative or from an individual on the basis of a personal friendship as long as that individual is not a registered lobbyist or lobbyist associate under Title 3, section 313, unless you have reason to believe that the gift was provided because of your official position and not because of a personal friendship;
- D. A subscription to a newspaper, news magazine or other news publication;
- E. Legal services provided in a matter of legislative ethics;
- F. A meal, if the meal is a prayer breakfast or a meal served during a meeting to establish a prayer breakfast; or
- G. A meal, if the meal is provided by industry or special interest organizations as part of the informational program presented to a group of public servants.

**Honorarium** means a payment of money or anything with a monetary resale value to a person for an appearance or a speech by the person. Honorarium does not include reimbursement for actual and necessary travel expenses for an appearance or speech. Honorarium does not include a payment for an appearance or speech that is unrelated to the person's official capacity or duties.

**Immediate family** includes your spouse or domestic partner and dependent children.

**Income** means economic gain to a person from any source, including, but not limited to, compensation for services, including fees, commissions and payments in-kind; gross income derived from business; gross income derived from dealings in property, rents and royalties; gross income from investments including interest, capital gains and dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributions from a partnership or limited liability company; gross income from an interest in an estate or trust; prizes; and grants, but does not include gifts or honoraria. Income received in-kind includes, but is not limited to, the transfer of property and options to buy or lease and stock certificates. Income does not include alimony and separate maintenance payments, child support payments or campaign contributions accepted for state or federal office or funds or other property held in trust for another, including but not limited to fees paid in advance or money to be spent on behalf of a client for payment of a licensing or filing fee.

**Managerial employee** means an employee of an organization whose position requires substantial control over the organization's decision making, business operations, financial management or contracting and procurement activities. For the purposes of this subsection, financial management does not include tasks that are considered clerical in nature.

**Relative** means an individual who is related to you or your spouse as father, mother, son, daughter, brother, sister, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister, and includes your fiancé or fiancée.

**Reportable liability** means any unsecured loan, except a loan made as a campaign contribution recorded as required by law, of \$3,000 or more received from a person not a relative. Reportable liabilities do not include:

- (1) A credit card liability;
- (2) An educational loan made or guaranteed by a governmental entity, educational institution, or nonprofit organization; or
- (3) A loan made from a state or federally regulated financial institution for business purposes.

**Self-employment** means that the person qualifies as an independent contractor under Title 39-A, section 102, subsection 13, which states in part, "independent contractor means a person who performs services for another under contract, but who is not under the essential control or superintendence of the person while performing those services."

## ADDITIONAL INFORMATION

Please provide any additional information in the space below. Indicate the part number for the information you are providing. Use additional pages if necessary.

Part Number	