



2010 VENDOR FORM: MAINE CLEAN ELECTION ACT CANDIDATES

For New Candidates & for Updates for 2008 MCEA Candidates

- New candidates and candidates in the 2006 and earlier elections must complete this form. If you were a MCEA candidate in 2008 and the information has changed, complete this form.
- Please print clearly. Payments of MCEA funds are made based on the information on this form.
- If you have designated your treasurer (or committee) to receive the check(s) or EFT correspondence, enter the address of your treasurer (or committee) on lines 4 and 5 in section 3.

Submit completed form to:

Commission on Governmental Ethics
and Election Practice
135 State House Station
Augusta, ME 04333-0135

TO PROCESS THIS FORM, ALL INFORMATION/FIELDS WITH AN ASTERISK (*) MUST BE COMPLETED.

Section 1. Please check the appropriate boxes:

New Vendor Address Change Name Change Contact Update EIN Change

Section 2. Enter either your social security number or your campaign EIN number, if you are using one.

Social Security Number*

EIN for Campaign*

S#**OR E#****Section 3.** Complete the "New" section if you are a first time candidate, did not previously run as an MCEA candidate, or ran as an MCEA candidate in the 2006 or earlier election. Complete both the "New" and "Old" sections if you ran as a MCEA candidate in 2008 and any of the information has changed.

This section will affect all transactions with ALL state agencies.

NEW*			OLD Enter old vendor number:	
Candidate's Name*		(Line 1)	Candidate's Name*	
Payee is*: <input type="checkbox"/> Candidate <input type="checkbox"/> Committee <input type="checkbox"/> Treasurer check correct box. If payee is <u>not</u> the candidate, enter payee's name.		(Line 2)	DBA or C/O	
Payee's Name*:		(Line 3)	Enter name and address where check or EFT correspondence was sent.*	
Enter address where check/EFT correspondence is to be sent.*		(Line 4)		
		(Line 5)		
Tel # *		(Line 6)	Tel # *	

Section 4. Sign the form, print your name, fill in the date, and complete the contact information. The date cannot be more than 3 months old when received by Lynn Ware in Division of Financial and Personnel Services.

Signature of Candidate*

Contact Name

Print Name

Phone Number for Contact Name

Date* (Submit this form within 3 months of this date.)

Information on State Agency Submitting Vendor Form

DAFS #74
State Agency & SHS #

Lynn Ware, Staff Accountant
Contact Person's Name & Title

207-624-7393
Telephone (10/09)