



Sharon Linscott, Town Clerk
Town of Bar Harbor
93 Cottage Street, Bar Harbor ME, 04609

Email: clerk@barharbormaine.gov
Phone: (207) 288-4098
Fax: (207) 288-4461

REGISTRATION: BALLOT QUESTION COMMITTEE

For Municipal Campaigns

For Persons and Organizations Other than PACs Involved in Ballot Question Elections: Any person not defined as a political action committee who receives contributions or makes expenditures, other than by contribution to a political action committee or ballot question committee, aggregating in excess of \$5,000 for the purpose of initiating or influencing a ballot question shall register with the Town Clerk as a ballot question committee within 7 days of receiving contributions or making expenditures that exceed \$5,000. (21-A M.R.S.A. §1056-B)

An Initial Campaign Finance Report must be filed within 7 days of filing this Registration. Ballot Question Committees must report all contributions and expenditures, whether cash or in-kind, made from the beginning of the campaign. Be sure to include expenditures such as those associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising expenses.

Is this an amendment? Yes No

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

BALLOT QUESTION COMMITTEE INFORMATION

COMMITTEE NAME

ACRONYM

MAILING ADDRESS

PHONE

CITY, STATE, ZIP CODE

FAX

EMAIL

ALTERNATE EMAIL 1

ALTERNATE EMAIL 2

WEB ADDRESS

TREASURER INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

PHONE

CITY, STATE, ZIP CODE

ALTERNATE PHONE

EMAIL

FAX

ROLE (*check all that apply*)

Legislator

Candidate

PRINCIPAL OFFICER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
MAILING ADDRESS		PHONE
CITY, STATE, ZIP CODE		ALTERNATE PHONE
EMAIL		FAX
ROLE (check all that apply) <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		

DESIGNATED FILING AGENT(S) (OPTIONAL)

FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		PHONE
FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		PHONE

PRIMARY FUNDRAISERS & DECISION MAKERS

Identify the primary fundraisers and decision makers for the committee and whether they are also a Legislator or candidate.

FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		
ROLE (check all that apply) <input type="checkbox"/> Fundraiser <input type="checkbox"/> Decision Maker <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		
FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		
ROLE (check all that apply) <input type="checkbox"/> Fundraiser <input type="checkbox"/> Decision Maker <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		
FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		
ROLE (check all that apply) <input type="checkbox"/> Fundraiser <input type="checkbox"/> Decision Maker <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		
FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		
ROLE (check all that apply) <input type="checkbox"/> Fundraiser <input type="checkbox"/> Decision Maker <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		

STATEMENT OF SUPPORT OR OPPOSITION

Indicate the ballot question(s), referendum, or initiated petition(s) the committee supports or opposes.

Support

Oppose

Support

Oppose

FORM OF ORGANIZATION

Name the form or structure of organization (i.e., cooperative, corporation, voluntary association, partnership, etc.)

FORM OF ORGANIZATION

DATE OF ORIGIN OR INCORPORATION

FOUNDING ORGANIZATIONS/INDIVIDUALS

Was this committee formed by one or more for-profit or non-profit corporations, organizations, or individuals? (Use additional sheets as necessary.)

IF YES, NAME OF CORPORATION, ORGANIZATION OR INDIVIDUAL

Yes

ADDRESS

No

CITY, STATE, ZIP CODE

PHONE

SIGNATURE OF PRINCIPAL OFFICER, TREASURER, OR OTHER AUTHORIZED INDIVIDUAL

NAME OF SIGNER

TITLE

SIGNATURE

DATE

IMPORTANT NOTICE:

An initial campaign finance report must be filed with the Town Clerk within 7 days of registration