



Kelly Gooldrup, City Clerk
 City of Augusta
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CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed within 10 days in writing or by e-mail to the Clerk's office

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title (optional): <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation: <i>Democrat</i>	Office Sought & District #: <i>At Large School Board</i>
Name: First <i>Charles</i>	MI or Middle Name <i>S</i>	Last <i>Hicks</i>
Mailing Address: <i>90 Wade Road</i>		
City: <i>Augusta, ME</i>	ZIP: <i>04330</i>	Phone: <i>207-215-3621</i>
Email: <i>charlie44207@yahoo.com</i>		

2. TREASURER INFORMATION		
Name: First <i>Charles</i>	MI or Middle Name <i>S</i>	Last <i>Hicks</i>
Mailing Address: <i>90 Wade Road</i>		Phone: <i>207-215-3621</i>
City: <i>Augusta</i>	ZIP: <i>04330</i>	Email: <i>charlie44207@yahoo.com</i>

DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of greater than 15,000 must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Clerk's office the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. (21-A MRSA §§ 1013-A)

2A. DEPUTY TREASURER INFORMATION (optional)		
Name: First	MI or Middle Name	Last
Mailing Address:		Phone:
City:	ZIP:	Email:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRSA § 1013-A (1)(A)(1)).

3. AUTHORIZED AGENT INFORMATION (optional)		
Name:	Phone:	Email:
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:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City:	ZIP: Email:

Name:	Title:	Phone:
Mailing Address:	City:	ZIP: Email:

5. CERTIFICATION	
I, <u>Charles S Hades</u> , certify that the information in this registration is true, accurate and complete. <small>(Print Candidate's Full Name)</small>	
Signature of Candidate <u><i>Charles S Hades</i></u>	Date <u>8/15/23</u>

6. REPORTING EXEMPTION REQUEST	
Only county and municipal candidates, and legislative candidates in an uncontested primary election, may request an exemption.	
A candidate 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 their 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 & 5, have the form notarized, and submit it to the Clerk's office.	
STATEMENT OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.	
Signature of Candidate _____	Date _____
Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____.	
Signature of Notary/Attorney-at-law _____ <small>(Seal is optional)</small>	My commission expires _____ <small>(Date)</small>
REVOCATION NOTICE: 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 Clerk's office 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.	

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