CANDIDATE REGISTRATION

Notice: Changes to registration information must be f		
this form by checking "Yes" below, by writing to the Cle Is this an amendment? Yes No	erk's Office or by e-mail to the Clerk's C	iffice.
	ANDIDATE INFORMATION	
1. Ca	Party Affiliation (if any):	Office Sought:
' ' '	Democrat	City Council, At-Large
Ms. Mrs. Mrs. Dr. Hon.	Democrat	District (if any):
Michael Shaughnessy		
Mailing Address:	Phone (home):	
89 Conant Street		(207) 329-5042
City, State, Zip Code:		Phone (work):
Westbrook, ME 04092		
E-mail:	Fax:	Phone (mobile):
smallbirdsflying@gmail.com	:	
2. TI	REASURER INFORMATION	
Name:		Phone (home):
Malory Shaughnessy		(207) 400-1540
Mailing Address:		Phone (work):
89 Conant Street		
City, State, Zip Code:	E-mail:	Fax:
Westbrook, ME 04092	malory.shaughnessy@gmail.d	com
DESIGNATION OF TREASURER: A candidate for rappoint a treasurer no later than 10 days after become incurring obligations. No later than 10 days after a address of the candidate and treasurer. The treasure (21-A MRSA §§ 1013-A)	oming a candidate, and before acception ppointing a treasurer, the candidate m	ng contributions, making expenditures or ust register with the Clerk the name and
3. DEPU	ITY TREASURER INFORMATION	
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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))

4.	POLITICAL COMMITTEE	E INFORMATION
Name:		Phone:
Address of Campaign Headquarters:		City, State, Zip Code:
date's election. The committee treasur	er is the treasurer appointed in Sec	ay authorize one political committee to promote the candiction 2 of the registration. No later than 10 days after apcommittee and the committee officers, if appointed.
Committee Officers (use addition		
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
5. (CERTIFICATION Must be signed even if exemption	n below is claimed)
I, Michael Shaughnessy (Print Candidate's accurate and complete. Signature of Candidate:	Full Name)	certify that the information in this registration is true, Date: 9.1.2021
6.	EXEMPTION FROM REPORT	ING REQUIREMENTS
an exemption, the candidate must not contributions (including in-kind), make PLEASE NOTE : personal funds of th expenditures under Maine law. Hence reporting exemption.	ify the Clerk in a sworn and notarized expenditures or incur financial oblige candidate used for campaign purper, a candidate who uses such funds REPORTING EXEMPTION: 1,	a treasurer and file campaign finance reports. To obtain a statement (below) that he/she will not accept gations associated with the candidate's candidacy. coses are considered campaign contributions/ to support his/her candidacy is not eligible for a the undersigned, swear or affirm that I will not with my candidacy.
Signature of Candidate: Date:		Date:
Subscribed and sworn (affirmed) to	before me this d	lay of, 20
Seal (optional)	Signature:	Notary Public/Attorney-at-law
	My commis	ssion expires (date):
er. A revocation notice must be in the	ne form of an amended registration to the following ted. The notice must be filed befo	Prior to revocation, the candidate must appoint a treasur- which must be filed with the Clerk no later than 10 days are contributions are accepted or expenditures made. A