

Municipal Clerk Contact Info:
 Susan H. Cote, City Clerk
 919 Main Street
 Sanford, ME 04073
 phone: (207) 608-4165
 E-Mail: shcote@sanfordmaine.org

CANDIDATE REGISTRATION

SEP 6 '22 PM 12:12 *

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): <i>Republican</i>	Office Sought: City Council Member
Name: <i>Robert E. Tranchemontagne</i>		District (if any): At Large
Mailing Address: <i>365 Sam Allen Rd.</i>		Phone (home): <i>207 608-7797</i>
City, State, Zip Code: <i>Sanford, Me 04073</i>		Phone (work):
E-mail: <i>uncdepetesreleaf@gmail.com</i>	Fax:	Phone (mobile):
2. TREASURER INFORMATION		
Name: <i>Christina Tranchemontagne</i>		Phone (home): <i>207-608-7708</i>
Mailing Address: <i>365 Sam Allen Rd</i>		Phone (work):
City, State, Zip Code: <i>Sanford Me 04073</i>	E-mail: <i>uncdepetesreleaf@gmail.com</i>	Fax:

DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of 15,000 or more 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 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)

3. DEPUTY TREASURER INFORMATION	
Name: <i>Steffon P. Tranchemontagne</i>	Phone (home): <i>207-651-1348</i>
Mailing Address: <i>377 Sam Allen Rd</i>	Phone (work):
City, State, Zip Code: <i>Sanford Me 04073</i>	E-mail: <i>uncdepetesreleaf@gmail.com</i>

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 INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:


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, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Peter E. Tranchemontagne, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 9/6/22

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE 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____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

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 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)

Municipal Clerk Info:
 Sue Cote, City Clerk
 Email: shcote@sanfordmaine.org
 (207) 608-4165

SEP 7 '22 PM 5:19 *

CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title (optional): <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon.	Party Affiliation (if any): Unenrolled	Office Sought: City Councilor
Name: Oliver Jones III		District (if any): At Large
Mailing Address: 10 Walkers Ridge Dr		Phone (home):
City, State, Zip Code: Sanford, ME 04073		Phone (work):
E-mail: Oliver.Jones.for.Sanford@gmail	Fax:	Phone (mobile): 603-486-8824
2. TREASURER INFORMATION		
Name: Ashley T. Jones		Phone (home): 603-978-6792
Mailing Address: 10 Walkers Ridge Dr		Phone (work):
City, State, Zip Code: Sanford, ME 04073	E-mail: Ashleytara.jones@gmail	Fax:
<p>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 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)</p>		
3. DEPUTY 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 INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

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, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Oliver Jones III, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: [Signature] Date: 07 SEP 22

6. EXEMPTION FROM REPORTING REQUIREMENTS

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Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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Municipal Clerk Info:
 Sue Cote, City Clerk
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AUG 31 '22 AM 11:38 *

CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title (optional): <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Hon.	Party Affiliation (if any): Democrat	Office Sought: City Councilor
Name: Robert Stackpole		District (if any): At Large
Mailing Address: 7 Summer St		Phone (home): 324-9258
City, State, Zip Code: Sanford, ME 04073		Phone (work):
E-mail: rstackpole@aol.com	Fax:	Phone (mobile):
2. TREASURER INFORMATION		
Name: Robert Stackpole		Phone (home): 324-9258
Mailing Address: 7 Summer St		Phone (work):
City, State, Zip Code: Sanford, ME 04073	E-mail: rstackpole@aol.com	Fax:
<p>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 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)</p>		
3. DEPUTY TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:
<p>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))</p>		

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

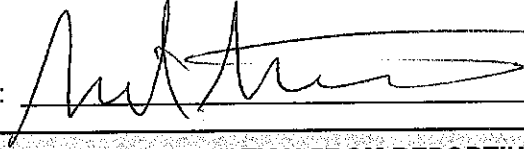
DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register 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, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Robert Stackpole, (Print Candidate's Full Name) certify that the information in this registration is true, accurate and complete.

Signature of Candidate:  Date: 06/3/2022

6. EXEMPTION FROM REPORTING REQUIREMENTS

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Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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CANDIDATE REGISTRATION

AUG 11 '22 PM 1:43*

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): Republican	Office Sought: City Council Member
Name: Michael W. Teemata		District (if any): At Large
Mailing Address: 34 Brewelle Ave		Phone (home): N/A
City, State, Zip Code: Sanford, ME 04073		Phone (work): N/A
E-mail: mw.teemata@gmail.com	Fax:	Phone (mobile): (207) 337-1776
2. TREASURER INFORMATION		
Name: Kelly A. Teemata		Phone (home): N/A
Mailing Address: 34 Brewelle Ave		Phone (work): 207 459-9201
City, State, Zip Code: Sanford, ME 04073	E-mail: k.teemata@yahoo.com	Fax: N/A
DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of 15,000 or more 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 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)		
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Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:

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Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

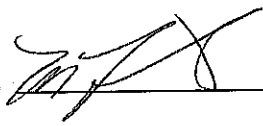
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Committee Officers (use additional pages, if necessary):

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 below is claimed)

I, Michael W. Tezmora, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 8/11/2022

6. EXEMPTION FROM REPORTING REQUIREMENTS

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Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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