

# Notice of Agency Rulemaking Proposal

AGENCY: **29-250**  
**DEPARTMENT OF THE SECRETARY OF STATE**  
**BUREAU OF CORPORATIONS, ELECTIONS AND COMMISSIONS**  
**DIVISION OF ELECTIONS**

CHAPTER NUMBER AND TITLE: **Chapter 535: RULES GOVERNING THE ADMINISTRATION OF ELECTIONS DETERMINED BY RANKED-CHOICE VOTING**

PROPOSED RULE NUMBER (*leave blank; to be assigned by Secretary of State*):

BRIEF SUMMARY: **This emergency rule sets forth the procedures for the administration of elections determined by ranked-choice voting, including the collection, security and handling of ballots and memory devices between the municipal offices and the central counting facility; aggregating and counting the cast vote records; administering the rounds of ranked-choice counting to achieve a majority result; and reporting the results.**

Date, time and location of PUBLIC HEARING (*if any*): **N/A (Rule to be adopted as emergency)**

COMMENT DEADLINE: **April 6, 2018**

CONTACT PERSON FOR THIS FILING (*include name, mailing address, telephone, fax, TTY, e-mail*):

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CONTACT PERSON FOR SMALL BUSINESS IMPACT STATEMENT (*if different*): **N/A**

FINANCIAL IMPACT ON MUNICIPALITIES OR COUNTIES (*if any*): **N/A**

STATUTORY AUTHORITY FOR THIS RULE: **21-A M.R.S.A. §723-A, sub-§5-A**

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (*if different*): **P.L. 2017, c. 316 and I.B. 2015, c. 3 (Ranked-choice Voting)**

AGENCY WEBSITE: [www.maine.gov/sos/cec/elec/upcoming](http://www.maine.gov/sos/cec/elec/upcoming)

E-MAIL FOR OVERALL AGENCY RULE-MAKING LIAISON: **julie.flynn@maine.gov**

\* Check one of the following two boxes.

The summary provided above is for publication in both the newspaper and website notices.

The summary provided above is for the newspaper notice only. Title 5 §8053, sub-§5 & sub-§7, ¶D. A more detailed summary is attached for inclusion in the rulemaking notice posted on the Secretary of State's website. Title 5 §8053, sub-§3, ¶D & sub-§6.

**Please approve bottom portion of this form and assign appropriate AdvantageME number.**

APPROVED FOR PAYMENT \_\_\_\_\_ DATE: \_\_\_\_\_  
 (authorized signature)

FUND	AGENCY	ORG	APP	JOB	OBJT	AMOUNT
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