

Statement of Organization for a Candidate Committee

SEL 220

rev 3/2020
ORS 260.039

Original: Must be filed **not later than 3 business days** of first receiving a contribution or making an expenditure.

Amendment: Any change in the information on this form must be filed **not later than 10 calendar days** of the change.

Discontinuation: To close committee if there are no outstanding debts/obligations, a zero cash balance, and the bank account is closed.

This filing is an: Original Amendment Discontinuation

Committee Information

Name of Committee (if changing the committee name, include the former name)

Street Address (No PO Box and must be in Oregon) | City | State | Zip

Campaign Phone | Extension

Candidate Information

Mr. Ms. | First | MI | Last | Suffix | Title

Candidate Address (No PO Box) | City | State | Zip

Mailing Address (Street Address or PO Box) | City | State | Zip

Not Employed Self-Employed | Occupation (if Self-Employed, indicate the nature of the business)

Employer's Name | City | State

Work Phone | Home Phone | Fax | Email Address

Treasurer Information

Mr. Ms. | First | MI | Last | Suffix | Title

Street Address or PO Box | City | State | Zip

Work Phone | Home Phone | Fax | Email Address

Election Information

Primary 20____ General 20____ Other Election Date: _____

Office Sought by Candidate | District, Position, County or City | Position Number

Party Affiliation

Choose one if filing for a partisan office

Constitution Democratic Independent Libertarian Pacific Green
 Progressive Republican Working Families Nonaffiliated

Director Information (Optional) A person other than the candidate. For more than one director or if two or more directors are directors of another committee, attach a list and include all required information including the name and address of the other committee.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First	MI	Last	Suffix	Title
Street Address or PO Box		City		State	Zip
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed	Occupation (if Self-Employed, indicate the nature of the business)				
Work Phone		Employer's Name		City	State

Alternate Transaction Filer Information (Optional) A person other than the candidate or treasurer.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First	MI	Last	Suffix	Title
Street Address or PO Box		City		State	Zip
Email		Work Phone			

Correspondence Recipient Information (Optional) A person other than the candidate or treasurer.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First	MI	Last	Suffix	Title
Street Address or PO Box		City		State	Zip
Email		Work Phone			

Other Election Activity Complete only if the candidate will be active at an election in which their name won't already be printed on the ballot.

Supports or opposes multiple candidates and measures
 Supports or opposes specific measure(s) or recall(s). Identify measures or recalls below, attach additional list if necessary:

Measure Information

Measure Number: _____ Support Oppose Primary 20____ General 20____ Other: _____

Recall Information

Name: _____ Office: _____ Support Oppose

Campaign Account Information This information not a public record and shall be kept confidential by the Elections Division.

Name of Oregon Financial Institution _____
Name of Account (Must be identical to the name of the committee) _____
Name of Account Holder _____

Name of Persons Who Have Signature Authority Attach additional list if necessary.

First	MI	Last
First	MI	Last
First	MI	Last

Candidate's Attestation and, if applicable, Treasurer's Attestation

<i>By signing this document, I acknowledge that I am an Oregon elector, I am personally liable for any penalties imposed under ORS Chapter 260, and I attest that the information on this form is true and correct.</i>	<i>By signing this document, I acknowledge that I am an Oregon elector and I attest that the information on the form is true and correct.</i>
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Candidate's Signature _____ Date Signed _____ Treasurer's Signature _____ Date Signed _____