

# Statement of Organization for a Candidate Committee

**SEL 220**

rev 1/2018  
ORS 260.039

Statement of Organization Information				
<p><i>A candidate may have only one Candidate Committee</i></p> <p><b>Filing a New Committee:</b> This form, along with the Campaign Account Information form (SEL 223), must be completed and filed <b>not later than 3 business days</b> of first receiving a contribution or making an expenditure. The "Original" box should be marked on both forms.</p> <p><b>A Candidate Who Serves as the Treasurer:</b> A candidate may either serve as the candidate's own treasurer or may appoint a separate treasurer. A candidate who serves as their own treasurer, does not have an existing candidate committee and does not expect to receive or spend more than \$750 during a calendar year is not required to establish a campaign account, file a Statement of Organization or file campaign finance transactions. However, if at any time the candidate exceeds \$750 in either contributions or expenditures in a calendar year, the candidate must then establish a campaign account, file a Statement of Organization and file contribution and expenditure transactions. See the 2018 Campaign Finance Manual for the deadline to file the committee if the \$750 threshold is exceeded. <b>NOTE: The state voters' pamphlet fee is exempt for the purpose of calculating the \$750 threshold.</b></p> <p><b>Amendment:</b> Any change in the information on this form must be filed <b>not later than 10 calendar days</b> of the change. To notify the Elections Division of a change in information, submit this form, completed in its entirety, and mark the "Amendment" box. A newly appointed treasurer must be a signer on the campaign account, therefore an amended SEL 223 must also be filed.</p> <p><b>Discontinuation:</b> A committee may be discontinued if there are no outstanding debts or obligations, a zero cash balance is achieved, and the campaign account is closed. To discontinue, file a completed SEL 220 with the "Discontinuation" box marked.</p>				
<p>This filing is an:      <input type="checkbox"/> Original                                      <input type="checkbox"/> Amendment                                      <input type="checkbox"/> Discontinuation</p>				
Committee Information				
Name of Committee (if changing the committee name, please include the former name)				Acronym
<b>Committee Address</b> No post office box and must be an address in Oregon.				
Street Address		City		State
Campaign Phone		Extension		
Candidate Information				
<b>Name of Candidate</b>				
<input type="checkbox"/> Mr.	First	MI	Last	Suffix
<input type="checkbox"/> Ms.                                      Title				
<b>Candidate Address</b> No post office box.				
Street Address		City		State
Mailing Address for Candidate Correspondence		City		State
Street Address or PO Box		City		State
<b>Candidate Occupational Information</b>				
<input type="checkbox"/> Self-Employed		Occupation (if Self-Employed, indicate the nature of the business)		
<input type="checkbox"/> Not Employed				
Employer's Name		City		State
<b>Candidate Contact Information</b>				
Work Phone		Home Phone		Fax
Email Address				
Treasurer Information				
<b>Name of Treasurer</b>				
<input type="checkbox"/> Mr.	First	MI	Last	Suffix
<input type="checkbox"/> Ms.                                      Title				
<b>Mailing Address and Contact Information for Treasurer Correspondence</b>				
Street Address or PO Box		City		State
Work Phone		Home Phone		Fax
Email Address				

**Director Information** If the committee has more than one director, attach a list of additional directors and include all required information.

**Name of Director**

<input type="checkbox"/> Mr.	First	MI	Last	Suffix	Title
<input type="checkbox"/> Ms.					

**Mailing Address for Director**

Street Address or PO Box	City	State	Zip
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**Director Occupational Information**

<input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed	Occupation (if Self-Employed, indicate the nature of the business)		
Employer's Name	City	State	Work Phone

If two or more directors of this committee are directors of another committee, list the name of the director, and the name and address of the other committee by attaching a separate piece of paper.

**Alternate Transaction Filer Information** A person other than the candidate or treasurer.

**Name of Alternate Transaction Filer**

<input type="checkbox"/> Mr.	First	MI	Last	Suffix	Title
<input type="checkbox"/> Ms.					

**Mailing Address and Contact Information for Alternate Transaction Filer**

Street Address or PO Box	City	State	Zip
Work Phone	Email Address		

**Correspondence Recipient Information** A person other than the candidate or treasurer.

**Name of Correspondence Recipient**

<input type="checkbox"/> Mr.	First	MI	Last	Suffix	Title
<input type="checkbox"/> Ms.					

**Mailing Address and Contact Information for Correspondence Recipient**

Street Address or PO Box	City	State	Zip
Work Phone	Email Address		

**Office Information for Candidate**

Office Sought by Candidate	District, Position, County or City	Position Number
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**Candidate Election Activity**

Primary 20       General 20       Other Election Date:

**Party Affiliation** Choose one if filing for a partisan office.

Constitution     Democratic     Independent     Libertarian     Pacific Green  
 Progressive     Republican     Working Families     Nonaffiliated     Other:

**Other Election Activity** Complete only if the candidate will be "active" at an election where the candidate's name will not be printed on the ballot.

Election Date:

Supports or opposes multiple candidates and measures

Supports specific measure(s) or recall(s)    Measure Number(s)/Candidate(s) being recalled:

Opposes specific measure(s) or recall(s)    Measure Number(s)/Candidate(s) being recalled:

**SEL 223 Information:** Attached is a Campaign Account Information form (SEL 223)     Yes     No

**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
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**For Office Use Only**

Initials \_\_\_\_\_ ID \_\_\_\_\_ Date SEL 223 Received \_\_\_\_\_ Attached to Committee \_\_\_\_\_