

Statement of Organization for a Candidate Committee

SEL 220

rev 01/16
ORS 260.039

Statement of Organization Information

A candidate may have only one Candidate Committee

Filing a New Committee: This form, along with the Campaign Account Information form (SEL 223), must be completed and filed **not later than 3 business days** of first receiving a contribution or making an expenditure. The "Original" box should be marked on both forms.

A Candidate Who Serves as the Treasurer: 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's committee and does not expect to receive or spend more than \$750 for a calendar year is not required to establish a campaign account, file a Statement of Organization or file 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 2016 Campaign Finance Manual for deadline information.

Amending Information on this Form: Any change in the information on this form must be filed **not later than 10 days** 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.

Discontinuing: A candidate may discontinue their committee if there are no outstanding debts or obligations, a zero cash balance is achieved and by filing a completed SEL 220 with the "Discontinuation" box marked.

This filing is an: Original Amendment Discontinuation

Committee Information

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

Committee Address (no post office box and must be an address in Oregon)

Street | City | State | Zip

Campaign Phone | Extension

Candidate Information

Name of Candidate

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

Candidate Address (no PO Box)

Street Address | City | State | Zip

Mailing Address for Candidate Correspondence

Street Address or PO Box | City | State | Zip

Candidate Occupational Information (only one phone number is needed, all other fields are required except Fax)

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

Employer's Name | City | State

Contact Information

Work Phone | Home Phone | Fax (not required) | Email Address

Treasurer Information

Name of Treasurer

Mr. | First | MI | Last
 Ms.

Mailing Address and Contact Information for Treasurer Correspondence (only one phone number is needed, all other fields are required except Fax)

Street Address or PO Box | City | State | Zip

Work Phone | Home Phone | Fax (not required) | Email Address

Director(s) Information: If the committee has more than one director, attach a list of additional directors and include all the information required. A committee director is not required for candidate committee. **(all fields are required)**

Name of Director

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

Mailing Address for Director

Street Address or PO Box	City	State	Zip
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Director Occupational Information

Work Phone	<input type="checkbox"/> Self-Employed	Occupation (if Self Employed indicate the nature of your business)
	<input type="checkbox"/> Not Employed	

Name of Employer	City	State
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If two or more directors of this political 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) (all fields are required)

Name of Alternate Transaction Filer

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

Mailing Address and Contact Information for Alternate Transaction Filer Correspondence

Street Address or PO Box	City	State	Zip
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Work Phone	Email Address
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Correspondence Recipient Information (a person other than the candidate or treasurer) (all fields are required)

Name of Correspondence Recipient

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

Mailing Address and Contact Information for Correspondence Recipient

Street Address or PO Box	City	State	Zip
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Work Phone	Email Address
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Office Information for Candidate

Office Sought by candidate	District, Position, County or City	Position Number
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Candidate Election Activity – mark the appropriate box and fill in year

<input type="checkbox"/> Primary 20	<input type="checkbox"/> General 20	<input type="checkbox"/> Other Election Date
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Party Affiliation: Choose one if filing for a partisan office

<input type="checkbox"/> Constitution	<input type="checkbox"/> Democratic	<input type="checkbox"/> Independent	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Pacific Green
<input type="checkbox"/> Progressive	<input type="checkbox"/> Republican	<input type="checkbox"/> Working Families	<input type="checkbox"/> Nonaffiliated	<input type="checkbox"/> Other

Other Election Activity

Supports or opposes multiple candidates and measures (if this is marked there is no requirement to name the candidates or measures).

Supports specific measures or recall

Measure Number(s) _____

Candidate(s) being recalled: _____

Opposes specific measures or recall

Measure Number(s) _____

Candidate(s) being recalled: _____

SEL 223

Attached is a Campaign account Information Form (SEL 223) Yes No

Candidate Attestation

By signing this document, I acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260 and attest that the information on the form is true and correct.

Candidate's Signature	Date Signed
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Treasurer's Attestation if different than Candidate

By signing this document, I attest that the information on the form is true and correct.

Treasurer's Signature	Date Signed
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