Statement of Organization for Political Action Committee

SEL 221

rev 2/2022 ORS 260.042

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: 🗌 Orig	ginal	Amendment			Discontinuation					
Committee Information										
Name of Committee (if changing the committee name, include the former name) Acronym										
Street Address (No PO Box and must be in Oregon)		City	City				Zip			
Campaign Phone		Extension (if applicable)								
Treasurer Information										
Mr. Ms.		MI	Last			Suffix	Title			
Street Address or PO Box		City			State	Į	Zip			
Work Phone	Home Phone	Fax		Email						
Director Information At least one person other than the treasurer. 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. Mr. Ms. First MI Last Suffix										
Street Address or PO Box		City			State		Zip			
Not Employed Occupa	tion (if Self-Employed, indic	ate the hatu	ire of the business)							
Employer's Name		City	City State			Work Phone				
Alternate Transaction Fi	ler Information (Optio	onal) A pers	on other than the tre	asurer.						
Mr. Ms. First		MI	Last			Suffix	Title			
Street Address or PO Box		City			State	ļ	Zip			
Email		Work Phone (and extension if applicable)								
Correspondence Recipie	ent Information (Optio	nal) A perso	on other than the trea	asurer or civil	penalty de	signee.				
Mr. Ms.		MI	Last			Suffix	Title			
Street Address or PO Box		City			State		Zip			
Email		Work P	Work Phone (and extension if applicable)							
Civil Penalty Designee Information (Optional) A person other than the treasurer or correspondence recipient.										
Mr. Ms.		MI	Last			Suffix	Title			
Street Address or PO Box		City			State		Zip			
Email		Work P	hone (and extension	if applicable)						

Nature of Committee Provide a description of the general nature of the committee.								
Controlled Committee Informati	on Controlled directly or i	ndirectly or acting jointly with a c	andidate or another controlled committee.					
Is this committee controlled by a cand	idate? 🗌 No 🗌 Ye	es If yes, identify candidate:_						
Type of Political Action Committee Select one type.								
Miscellaneous: supports or opposes one or more candidate(s) and/or measure(s)								
Caucus: affiliated with a caucus in either chamber of Oregon's Legislative Assembly								
Recall: supports or opposes a person subject to a recall election that has been certified to the ballot								
Measure: exclusively support or o	Measure: exclusively support or oppose one or more measures on a ballot							
Political Party: major or minor party defined in ORS Chapter 248 or a committee established by a major or minor party bylaws. Select one party								
Constitution	Democratic	Independent	Libertarian					
Pacific Green	Progressive	Republican	Working Families					
Measure Information Attach an add	ditional list if necessary.							
Measure Number	Support Prim	ary 20 🗌 General 20	Other Election Date:					
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Recall Information Attach an addition	onal list if necessary.							
Support Election Date		Public Official's Name						
Office								
Campaign Account Information T	his information not a publ	ic record and shall be kept confide	ential by the Elections Division.					
Name of Oregon Financial Institution								
Name of Account (Must be identical to the official name of the committee)								
Name of Account Holder (Must include the treasurer, the name of the committee or the affiliated organization that administers the account)								
Name of Persons Who Have Signature Authority Attach additional list if necessary. The treasurer must be a signer on the campaign account.								
First	MI	Last						
First	MI	Last						
First	MI	Last						

Treasurer's Attestation		Civil Penalty Designee's Attestation, if applicable		
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 also understand that if I appoint a civil penalty designee, I am not liable for any penalties imposed under ORS 260.232.		By signing this document, I acknowledge that I am an Oregon elect and I am personally liable for any penalties imposed under ORS 260.232.		
Treasurer's Signature	Date Signed	Civil Penalty Designee's Signature	Date Signed	

Initials_____