

Statement of Organization for Petition Committee

SEL 222

rev 2/2022
ORS 260.118

Original: Must be filed **not later than 3 business days** of first receiving a contribution or making an expenditure, and no later than the date the petition is approved for circulation.

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are no outstanding debts/obligations, a zero cash balance, and the bank account is closed, and the petition has been withdrawn or the deadline to submit signatures has passed.

This filing is an: Original 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 | State | Zip

Campaign Phone | Extension (if applicable)

Treasurer Information

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

Street Address or PO Box | City | State | Zip

Work Phone | Home Phone | Fax | Email

Chief Petitioner(s) Information

Recall petitions may only have one chief petitioner. The name(s) must match the name(s) listed on the prospective petition.

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

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

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

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

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

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

Alternate Transaction Filer Information (Optional)

A person other than the treasurer.

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

Street Address or PO Box | City | State | Zip

Email | Work Phone (and extension if applicable)

Civil Penalty Designee Information (Optional)

A person other than the treasurer.

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

Street Address or PO Box | City | State | Zip

Email | Work Phone (and extension if applicable)

| Jurisdiction | |
|--|---|
| <input type="checkbox"/> State <input type="checkbox"/> Local Indicate the local jurisdiction: <input type="checkbox"/> County: _____ <input type="checkbox"/> City: _____ <input type="checkbox"/> District: _____ | |
| Petition Information | |
| <input type="checkbox"/> Initiative | Petition ID number Petition Filing Date |
| | Petition Title |
| <input type="checkbox"/> Referendum | Petition ID number |
| <input type="checkbox"/> Recall | Public Officer's Name |
| | Office District, Position, County or City |

| 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 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. Signers must include the treasurer of the committee. | |
| First | MI Last |
| First | MI Last |
| First | MI Last |

| Treasurer's Attestation | Civil Penalty Designee's Attestation, if applicable |
|--|--|
| <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 also understand that if I appoint a civil penalty designee, I am not liable for any penalties imposed under ORS 260.232.</i> | <i>By signing this document, I acknowledge that I am an Oregon elector and I am personally liable for any penalties imposed under ORS 260.232.</i> |

Treasurer's Signature _____ Date Signed _____ Civil Penalty Designee's Signature _____ Date Signed _____

For Office Use Only Initials _____ ID _____