

# Statement of Organization for a Candidate Committee

SEL 220

rev 01/2027  
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 publicly disclosable in Oregon) City State Zip

Campaign Phone Extension (if applicable)

## Candidate Information

First MI Last Suffix Date of Birth

Work Phone Home Phone Fax Email Address

Residence Address (No PO Box) City State Zip

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

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

Employer's Name City State

Candidate is also treasurer. If this box is checked, skip the Treasurer Information section below. ☐

**Treasurer Information** Does this person control (as defined by the Campaign Finance Manual) this committee? ☐ Yes ☐ No  
What role(s) does this person have? Mark all that apply. ☐ Director ☐ EFM

First MI Last Suffix Date of Birth

Work Phone Home Phone Fax Email Address

Residence Address (No PO Box) City State Zip

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

**Person 1** What role(s) does this person have? Mark all that apply. ☐ Director ☐ Alternate Transaction ☐ Correspondence Recipient ☐ EFM  
☐ Control ☐ Campaign Account Signer

First MI Last Suffix Date of Birth

Home Phone Work Phone Email Address

Residence Address (No PO Box) City State Zip

Disclosable Address (Street Address or PO Box) City State Zip

**Person 2** What role(s) does this person have? Mark all that apply. ☐ Director ☐ Alternate Transaction ☐ Correspondence Recipient ☐ EFM  
☐ Control ☐ Campaign Account Signer

First MI Last Suffix Date of Birth

Home Phone Work Phone Email Address

Residence Address (No PO Box) City State Zip

Disclosable Address (Street Address or PO Box) City State Zip

<b>Entity 1</b> What role(s) does this entity have? Mark all that apply. <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control				
Name of Entity		<input type="checkbox"/> EIN <input type="checkbox"/> Business Registry Number		Registered Jurisdiction
Responsible Individual		Phone	Responsible Individual's Email Address	
Street Address (No PO Box)		City	State	Zip
Disclosable Mailing Address (Street Address or PO Box)		City	State	Zip
<b>Entity 2</b> What role(s) does this entity have? Mark all that apply. <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control				
Name of Entity		<input type="checkbox"/> EIN <input type="checkbox"/> Business Registry Number		Registered Jurisdiction
Responsible Individual		Phone	Responsible Individual's Email Address	
Street Address (No PO Box)		City	State	Zip
Disclosable Mailing Address (Street Address or PO Box)		City	State	Zip
<b>Current Election Information</b> Please attach a list of any future elections and include all required information (year, type, office, etc.).				
<input type="checkbox"/> Primary 20_____		<input type="checkbox"/> General 20_____		<input type="checkbox"/> Other Election Date: _____
Office Sought by Candidate		District, Position, County or City		Position Number
<b>Party Affiliation</b> Choose one party if filing for a partisan office, or select nonpartisan.				
<input type="checkbox"/> Nonpartisan <input type="checkbox"/> Constitution <input type="checkbox"/> Democratic <input type="checkbox"/> Independent <input type="checkbox"/> Libertarian <input type="checkbox"/> Other (Specify Below): _____ <input type="checkbox"/> Nonaffiliated <input type="checkbox"/> Pacific Green <input type="checkbox"/> Progressive <input type="checkbox"/> Republican <input type="checkbox"/> Working Families _____				
<b>Other Election Activity</b> Complete only if the candidate will be active at an election in which their name won't already be printed on the ballot.				
Election Year: _____		Election Type: _____		
<input type="checkbox"/> Supports or opposes multiple candidates and measures <input type="checkbox"/> Supports or opposes specific measure(s) or recall(s). Identify measures or recalls, attach additional list if necessary: _____				
<b>Measure Information</b>				
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Measure Number _____		
<b>Recall Information</b>				
Public Official's Name		Office	District/Position/County	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
<b>Campaign Account Information</b> 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 name of the candidate or the name of the committee)				
<b>Name of Persons Who Have Signature Authority</b> List any account signer who has no other role withing the committee. Attach additional list if necessary. The candidate and treasurer must be signers on the campaign account.				
First		MI	Last	Suffix
<b>Candidate's Attestation</b>			<b>Treasurer's Attestation, if applicable</b>	
<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>	

Candidate's Signature

Date Signed

Treasurer's Signature

Date Signed

<b>Person 3</b> What role(s) does this person have? Mark all that apply. <input type="checkbox"/> Director <input type="checkbox"/> Alternate Transaction <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control <input type="checkbox"/> Campaign Account Signer									
First		MI	Last			Suffix		Date of Birth	
Home Phone			Work Phone			Email Address			
Residence Address (No PO Box)					City		State		Zip
Disclosable Address (Street Address or PO Box)					City		State		Zip
<b>Person 4</b> What role(s) does this person have? Mark all that apply. <input type="checkbox"/> Director <input type="checkbox"/> Alternate Transaction <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control <input type="checkbox"/> Campaign Account Signer									
First		MI	Last			Suffix		Date of Birth	
Home Phone			Work Phone			Email Address			
Residence Address (No PO Box)					City		State		Zip
Disclosable Address (Street Address or PO Box)					City		State		Zip
<b>Person 5</b> What role(s) does this person have? Mark all that apply. <input type="checkbox"/> Director <input type="checkbox"/> Alternate Transaction <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control <input type="checkbox"/> Campaign Account Signer									
First		MI	Last			Suffix		Date of Birth	
Home Phone			Work Phone			Email Address			
Residence Address (No PO Box)					City		State		Zip
Disclosable Address (Street Address or PO Box)					City		State		Zip
<b>Entity 3</b> What role(s) do you have? Mark all that apply. <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control									
Name of Entity					<input type="checkbox"/> EIN <input type="checkbox"/> Business Registry Number		Registered Jurisdiction		
Responsible Individual				Phone		Responsible Individual's Email Address			
Street Address (No PO Box)					City		State		Zip
Disclosable Mailing Address (Street Address or PO Box)					City		State		Zip
<b>Entity 4</b> What role(s) do you have? Mark all that apply. <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control									
Name of Entity					<input type="checkbox"/> EIN <input type="checkbox"/> Business Registry Number		Registered Jurisdiction		
Responsible Individual				Phone		Responsible Individual's Email Address			
Street Address (No PO Box)					City		State		Zip
Disclosable Mailing Address (Street Address or PO Box)					City		State		Zip
<b>Entity 5</b> What role(s) do you have? Mark all that apply. <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control									
Name of Entity					<input type="checkbox"/> EIN <input type="checkbox"/> Business Registry Number		Registered Jurisdiction		
Responsible Individual				Phone		Responsible Individual's Email Address			
Street Address (No PO Box)					City		State		Zip
Disclosable Mailing Address (Street Address or PO Box)					City		State		Zip