

Statement of Organization for Political Action Committee

SEL 221

rev 01/2027

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: <input type="checkbox"/> Original <input type="checkbox"/> Amendment <input type="checkbox"/> 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)		
Controlled Committee Information Controlled directly or indirectly or acting jointly with a candidate or another controlled committee.				
Is this committee controlled by a candidate? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, identify candidate: _____				
Treasurer Information Does this person control (as defined by the Campaign Finance Manual) this committee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What role(s) do does this person have? Mark all that apply. <input type="checkbox"/> Director <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> Chief Petitioner <input type="checkbox"/> EFM				
First	MI	Last	Suffix	Date of Birth
Work Phone	Home Phone	Fax	Email Address	
Residence Address (No PO Box)		City	State	Zip
Disclosable Address (Street Address or PO Box)		City	State	Zip
Person 1 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 <input type="checkbox"/> Civil Penalty Designee				
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. <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 <input type="checkbox"/> Civil Penalty Designee				
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
Entity 1 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

Continued on page 2 of this form

Type of Political Action Committee Select one type.			
<input type="checkbox"/> Multicandidate Political Committee: supports or opposes more than one candidate <input type="checkbox"/> Legislative Caucus Committee: affiliated with a caucus in either chamber of Oregon's Legislative Assembly <input type="checkbox"/> Recall Political Committee: supports or opposes a person subject to a recall election that has been certified to the ballot <input type="checkbox"/> Small Donor Political Committee: receives small contributions from individuals and make candidate contributions based on a multiplier <input type="checkbox"/> Membership Organization Political Committee: political committee that has been established by a membership organization <input type="checkbox"/> Measure Political Committee: exclusively support or oppose one or more measures on a ballot <input type="checkbox"/> Political Party Committee: statewide major or minor party			
Select one party <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Constitution</div> <div><input type="checkbox"/> Democratic</div> <div><input type="checkbox"/> Independent</div> <div><input type="checkbox"/> Libertarian</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Pacific Green</div> <div><input type="checkbox"/> Progressive</div> <div><input type="checkbox"/> Republican</div> <div><input type="checkbox"/> Working Families</div> </div>			
Measure Information Attach an additional list if necessary.			
Measure Number	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Primary 20____ <input type="checkbox"/> General 20____ <input type="checkbox"/> Other Election Date: _____	
Measure Number	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Primary 20____ <input type="checkbox"/> General 20____ <input type="checkbox"/> Other Election Date: _____	
Measure Number	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Primary 20____ <input type="checkbox"/> General 20____ <input type="checkbox"/> Other Election Date: _____	
Recall Information Attach an additional list if necessary.			
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Election Date	Public Official's Name	
Office		District/Position/County	

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 name of the treasurer, the name of the committee or the affiliated organization that administers the account)			
Name of Persons Who Have Signature Authority 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

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
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Person 3 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 <input type="checkbox"/> Civil Penalty Designee									
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 4 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 <input type="checkbox"/> Civil Penalty Designee									
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 5 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 <input type="checkbox"/> Civil Penalty Designee									
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	
Entity 3 What role(s) do you have? Mark all that apply. <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control <input type="checkbox"/> EIN <input type="checkbox"/> Business Registry Number									
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	
Entity 4 What role(s) do you have? Mark all that apply. <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control <input type="checkbox"/> EIN <input type="checkbox"/> Business Registry Number									
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	
Entity 5 What role(s) do you have? Mark all that apply. <input type="checkbox"/> Correspondence Recipient <input type="checkbox"/> EFM <input type="checkbox"/> Control <input type="checkbox"/> EIN <input type="checkbox"/> Business Registry Number									
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	