

# Statement of Organization for Political Action Committee

SEL 222

rev 01/2027

ORS 260.118

<b>Original:</b> Must be filed <b>not later than 3 business days</b> of first receiving a contribution or making an expenditure, and no later than the date the petition is approved for circulation. <b>Amendment:</b> Any change in the information on this form must be filed <b>not later than 10 calendar days</b> of the change. <b>Discontinuation:</b> 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are no outstanding debts/obligations, a zero cash balance, and the bank account is closed, and the petition has been withdrawn or the deadline to submit signatures has passed.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: <input type="checkbox"/> Original <input type="checkbox"/> Amendment <input type="checkbox"/> Discontinuation									
<b>Committee Information</b>									
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)					
<b>Treasurer Information</b> 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	
<b>Person 1</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 <input type="checkbox"/> Civil Penalty Designee <input type="checkbox"/> Chief Petitioner									
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 2</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 <input type="checkbox"/> Civil Penalty Designee <input type="checkbox"/> Chief Petitioner									
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	

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. The candidate and treasurer must be signers on the campaign account.			
First	MI	Last	Suffix
First	MI	Last	Suffix
First	MI	Last	Suffix

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 elector 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

<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 <input type="checkbox"/> Civil Penalty Designee <input type="checkbox"/> Chief Petitioner									
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 <input type="checkbox"/> Civil Penalty Designee <input type="checkbox"/> Chief Petitioner									
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 <input type="checkbox"/> Civil Penalty Designee <input type="checkbox"/> Chief Petitioner									
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 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>Entity 3</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 4</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	