

# Statement of Organization for a Candidate Committee

**SEL 220**

rev 3/2020  
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 in Oregon) | City | State | Zip

Campaign Phone | Extension

## Candidate Information

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

Candidate Address (No PO Box) | City | State | Zip

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

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

Employer's Name | City | State

Work Phone | Home Phone | Fax | Email Address

## Treasurer Information

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

Street Address or PO Box | City | State | Zip

Work Phone | Home Phone | Fax | Email Address

## Election Information

Primary 20\_\_\_\_  General 20\_\_\_\_  Other Election Date: \_\_\_\_\_

Office Sought by Candidate | District, Position, County or City | Position Number

## Party Affiliation

Choose one if filing for a partisan office

Constitution  Democratic  Independent  Libertarian  Pacific Green  
 Progressive  Republican  Working Families  Nonaffiliated

**Director Information (Optional)** A person other than the candidate. 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.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First	MI	Last	Suffix	Title
Street Address or PO Box		City		State	Zip
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed	Occupation (if Self-Employed, indicate the nature of the business)				
Work Phone		Employer's Name		City	State

**Alternate Transaction Filer Information (Optional)** A person other than the candidate or treasurer.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First	MI	Last	Suffix	Title
Street Address or PO Box		City		State	Zip
Email			Work Phone		

**Correspondence Recipient Information (Optional)** A person other than the candidate or treasurer.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First	MI	Last	Suffix	Title
Street Address or PO Box		City		State	Zip
Email			Work Phone		

**Other Election Activity** Complete only if the candidate will be active at an election in which their name won't already be printed on the ballot.

Supports or opposes multiple candidates and measures  
 Supports or opposes specific measure(s) or recall(s). Identify measures or recalls below, attach additional list if necessary:

**Measure Information**

Measure Number: \_\_\_\_\_  Support  Oppose  Primary 20\_\_\_\_  General 20\_\_\_\_  Other: \_\_\_\_\_

**Recall Information**

Name: \_\_\_\_\_ Office: \_\_\_\_\_  Support  Oppose

**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 name of the committee) \_\_\_\_\_  
Name of Account Holder \_\_\_\_\_

**Name of Persons Who Have Signature Authority** Attach additional list if necessary.

First	MI	Last
First	MI	Last
First	MI	Last

**Candidate's Attestation and, if applicable, Treasurer's Attestation**

<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>
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Candidate's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Treasurer's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_