

Statement of Organization for Political Action Committee

SEL 221

rev 1/2018
ORS 260.042

Statement of Organization Information			
<p>Filing a New Committee: This form, along with the Campaign Account Information form (SEL 223), must be completed and filed not later than 3 business days of first receiving a contribution or making an expenditure. The "Original" box should be marked on both forms.</p> <p>Committee Directors: All political action committees must designate at least one committee director who is not the treasurer. The treasurer may be a committee director if the treasurer meets the definition of "committee director" under ORS 260.005(2). If a committee has more than two directors, attach a list of additional directors and include all the information required on the form for each director.</p> <p>Amendment: Any change in the information on this form must be filed not later than 10 calendar days of the change. To notify the Elections Division of change in information, submit this form, completed in its entirety, and mark the "Amendment" box. A newly appointed treasurer must be a signer on the campaign account, therefore an amended SEL 223 must also be filed.</p> <p>Discontinuation: A committee may be discontinued if there are no outstanding debts or obligations, a zero cash balance is achieved, and the campaign account is closed. To discontinue, file a completed SEL 221 with the "Discontinuation" box marked.</p>			
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, please include the former name)			Acronym
Committee Address No post office box and must be an address in Oregon.			
Street Address	City	State	Zip
Campaign Phone	Extension		
Treasurer Information			
Name of Treasurer			
<input type="checkbox"/> Mr.	First	MI	Last
<input type="checkbox"/> Ms.			
	Suffix	Title	
Mailing Address and Contact Information for Treasurer Correspondence			
Street Address or PO Box	City	State	Zip
Work Phone	Home Phone	Fax	Email Address
Director Information			
If the committee has more than one director, attach a list of additional directors and include all required information. If two or more directors of this committee are directors of another committee, list the name of the director, and the name and address of the other committee on the attached list.			
Name of Director			
<input type="checkbox"/> Mr.	First	MI	Last
<input type="checkbox"/> Ms.			
	Suffix	Title	
Mailing Address for Director			
Street Address or PO Box	City	State	Zip
Director Occupational Information			
<input type="checkbox"/> Self-Employed		Occupation (if Self-Employed, indicate the nature of the business)	
<input type="checkbox"/> Not Employed			
Employer's Name	City	State	Work Phone
Alternate Transaction Filer Information			
A person other than the treasurer; this is optional.			
Name of Alternate Transaction Filer			
<input type="checkbox"/> Mr.	First	MI	Last
<input type="checkbox"/> Ms.			
	Suffix	Title	
Mailing Address and Contact Information for Alternate Transaction Filer			
Street Address or PO Box	City	State	Zip
Work Phone	Email Address		

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Correspondence Recipient Information A person other than the treasurer or civil penalty designee; this is optional.

Name of Correspondence Recipient

<input type="checkbox"/> Mr.	First	MI	Last	Suffix	Title
<input type="checkbox"/> Ms.					

Mailing Address and Contact Information for Correspondence Recipient

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

Civil Penalty Designee Information A person other than the treasurer or correspondence recipient; this is optional.

Name of Civil Penalty Designee

<input type="checkbox"/> Mr.	First	MI	Last	Suffix	Title
<input type="checkbox"/> Ms.					

Mailing Address and Contact Information for Civil Penalty Designee

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

Type of Political Action Committee Select one type.

<input type="checkbox"/> Caucus	<input type="checkbox"/> Recall	<input type="checkbox"/> Measure → exclusively support or oppose one or more measures on a ballot	<input type="checkbox"/> Political Party → a major or minor party defined in ORS Chapter 248 → a committee established by a major or minor party under party bylaws	<input type="checkbox"/> Miscellaneous Support or oppose one or more of the following: → specific candidates → candidates and measures
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Party Affiliation For Caucus and Political Party Committees Select one party.

<input type="checkbox"/> Constitution	<input type="checkbox"/> Democratic	<input type="checkbox"/> Independent	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Pacific Green
<input type="checkbox"/> Progressive	<input type="checkbox"/> Republican	<input type="checkbox"/> Working Families	<input type="checkbox"/> Other:	

Nature of Committee Provide a description of the general nature of the committee.

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Controlled Committee Information

Is this a controlled committee?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, identify candidate:
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Committee Election Activity

<input type="checkbox"/> Primary 20	<input type="checkbox"/> General 20	<input type="checkbox"/> Other Election Date
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Measure Information Attach an additional list if necessary.

Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose

Recall Information Attach an additional list if necessary.

Name:	Office:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
Name:	Office:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose

SEL 223 Information: Attached is a Campaign Account Information form (SEL 223)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Treasurer's Attestation and, if applicable, Civil Penalty Designee's Attestation

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.

Treasurer's Signature	Date Signed
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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.

Civil Penalty Designee's Signature	Date Signed
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