

Statement of Organization for Petition Committee

SEL 222

rev 1/2018
ORS 260.118

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, and no later than the date the petition is approved for circulation. The "Original" box should be marked on both forms.</p> <p>Chief Petitioners: A petition committee must list all chief petitioners of the petition.</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debts or obligations, a zero cash balance is achieved, the campaign account is closed, and the petition has been withdrawn or the deadline to submit signatures has passed. To discontinue, file a completed SEL 222 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	Suffix
<input type="checkbox"/> Ms.				
Mailing Address and Contact Information for Treasurer Correspondence				
Street Address or PO Box		City	State	Zip
Work Phone	Home Phone	Fax	Email Address	
Chief Petitioner(s) Information				
Name of Petitioner				
<input type="checkbox"/> Mr.	First	MI	Last	Suffix
<input type="checkbox"/> Ms.				
Mailing Address and Phone Number for Petitioner				
Street Address or PO Box		City	State	Zip
				Work Phone
Name of Petitioner				
<input type="checkbox"/> Mr.	First	MI	Last	Suffix
<input type="checkbox"/> Ms.				
Mailing Address and Phone Number for Petitioner				
Street Address or PO Box		City	State	Zip
				Work Phone
Name of Petitioner				
<input type="checkbox"/> Mr.	First	MI	Last	Suffix
<input type="checkbox"/> Ms.				
Mailing Address and Phone Number for Petitioner				
Street Address or PO Box		City	State	Zip
				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	
Civil Penalty Designee Information A person other than the treasurer; this is optional.			
Name of Civil Penalty Designee			
<input type="checkbox"/> Mr.	First	MI	Last
<input type="checkbox"/> Ms.			
Suffix		Title	
Mailing Address and Contact Information for Civil Penalty Designee			
Street Address or PO Box		City	State
			Zip
Work Phone		Email Address	
Petition Information			
<input type="checkbox"/> Initiative	<input type="checkbox"/> Referendum	<input type="checkbox"/> Recall	
Jurisdiction			
<input type="checkbox"/> State	<input type="checkbox"/> County	<input type="checkbox"/> City	<input type="checkbox"/> District
Additional Information			
Date Prospective Petition Filed (required for local petition):			
Year Petition Will be on Ballot (required for state initiative or referendum petition):			
Local Petition Title/Subject:			
Petition ID Number (required):			
Recall Information Identify information about the public official the committee intends to recall.			
First Name:		Last Name:	
Office:			
District, Position, County or City (include position number)			
SEL 223 Information: Attached is a Campaign Account Information form (SEL 223) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Treasurer's Attestation and, if applicable, Civil Penalty Designee'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 also understand that I if I appoint a civil penalty designee, I am not liable for any penalties imposed under ORS 260.232</i>			
Treasurer's Signature		Date Signed	
<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>			
Civil Penalty Designee's Signature		Date Signed	

For Office Use Only

Initials _____

ID _____

Date SEL 223 Received _____

Attached to Committee _____