

# Covered Organization Donor Disclosure

**SEL 240**

rev 01/2020  
ORS 260.281

Initial Filing   
  Amendment to Initial Filing   
  Updated Filing   
  Amendment to Updated Filing

Covered Organization Information			
Organization Name (if different than before, include the former name)			
Address			
Street Address or PO Box	City	State	Zip
Phone	Extension		

Authorized Representative			
First	MI	Last	Suffix
Title			
Role of Authorized Representative			
Mailing Address			
Street Address or PO Box	City	State	Zip
Contact Information			
Work Phone	Mobile Phone	Fax	Email

Donation Disclosures			
Date Electioneering Threshold Met:			
Office/Measure/Political Committee:			
Date*	Donor Name	Donor Address	Amount**

\*The date the organization received a single donation of \$10,000 or more or the date a donor's total donations reached \$10,000, whichever occurs first

\*\*When disclosing a donation from a donor that has been previously reported, report the updated amount

Authorized Representative's Attestation
<p><i>By signing this document, I acknowledge that I am an authorized representative of the organization named, 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></p>

Authorized Representative's Signature

Date