

Demand for Recount

SEL 800

rev 06/23
ORS 258.161

Filer Information

Name of person filing demand	Date of Election
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Address

City	State	Zip Code	County
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Phone Number	Email Address
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Office or Measure to be Recounted

Check if person filing demand was candidate for office being recounted

Check if person filing demand is officer of political party filing on behalf candidate for office being recounted

Name of Political Party: _____

Name of Candidate: _____

Check if person filing demand is an elector of the State of Oregon (for measure recount demand)

Indicate Type of Demand and number of Precincts

A	B	C
NLT 5 th business day after date Secretary of State certifies results	NLT 42 nd day after date of election, file first demand for recount of:	NLT 52 nd day after date of election, file supplemental demand for recount of:
<input type="checkbox"/> Presidential and Vice Presidential candidates	<input type="checkbox"/> 5% of all precincts	<input type="checkbox"/> All remaining precincts
	<input type="checkbox"/> 3 specific precincts	
	<input type="checkbox"/> All precincts	

Demand Information

To the Secretary of State of Oregon,
Demand is hereby made for a recount of votes cast in the following precincts for the above name office or measure at the election indicated:

County	Precinct Name or Number	County	Precinct Name or Number

A deposit of \$15 per precinct up to a maximum of \$8,000 is enclosed to cover all or part of the cost of the recount. Following are the names and addresses of all persons and organizations providing any part of the deposit and the amount provided by each

Name and Address	Amount

I understand if the cost of the recount exceeds the amount of the deposit and if the outcome of the election is not changed, I shall be required to pay the Secretary of State the amount of the excess costs.

Signature of Person Filing	Date Signed
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For Office Use Only: Initials _____ Date received _____