Statement of Organization for a Candidate Committee

rev 2/2022 ORS 260.039

Amendment: Any cha	d not later than 3 business days of ange in the information on this form close committee if there are no outs	n must be filed not	later than 10 calend	dar days of the chang			
This filing is an:	☐ Original	☐ An	☐ Amendment		☐ Discontinuation		
Committee Infor	mation						
Name of Committee	e (if changing the committee name,	include the former	name)				
Street Address (No PO Box and must be in Oregon)		City		State	State Zip		
Campaign Phone		Extension (if applicable)					
Candidate Inform	nation						
☐ Mr. ☐ Ms.	First	MI La	st		Suffix Title		
Candidate Address (No PO Box)		City	City		Zip		
Mailing Address (Street Address or PO Box)		City		State	State Zip		
☐ Not Employed ☐ Self-Employed	Occupation (if Self-Employed, ind	icate the nature of	the business)				
Employer's Name		City		State			
Work Phone	Home Phone	Fax	Em	nail Address			
Treasurer Information Candidate is also treasurer. If this box is checked, skip the Treasurer Information section below.							
Mr. Ms.	First	MI La	st		Suffix Title		
Street Address or PO Box		City	City		Zip		
Work Phone	Home Phone	Fax	Fax Email Address				
Election Informat	tion						
☐ Primary 20 ☐ General 20 ☐ Other Election Date:							
Office Sought by Candidate D		District, Position, County or City		Ро	Position Number		
Party Affiliation	Choose one party if filing for a partis	san office, or select	non-partisan.				
Non-Partisan Po	sition Constitution	☐ Democratic	Inde	ependent	Libertarian		
☐ Nonaffiliated	Pacific Green	Progressive	Rep	ublican	Working Families		
	tion (Optional) A person other t e, attach a list and include all requir						
Mr. Ms.	First	MI La	st		Suffix Title		
Street Address or PO Box		City		State	Zip		
Not Employed Occupation (if Self-Employed, indicate the nature of the business) Self-Employed Self-Employed							
Employer's Name		City	State	Work Pho	ne		

Alternate Transaction Filer Information (Option	onal) A person o	other than the candidate or treasurer.				
Mr. Ms. First	MI	Last	Suffix Title			
Street Address or PO Box	City	State	Zip			
Email	Work Pho	ne (and extension if applicable)				
Correspondence Recipient Information (Option	nal) A person c	other than the candidate or treasurer.				
Mr. Ms. First	MI	Last	Suffix Title			
Street Address or PO Box	City	State	Zip			
Email	Work Pho	Work Phone (and extension if applicable)				
Other Election Activity Complete only if the candidat	e will be active at	an election in which their name won't alre	ady be printed on the ballot.			
Supports or opposes multiple candidates and mea Supports or opposes specific measure(s) or recall(s)		sures or recalls below, attach addition	al list if necessary:			
Measure Information						
Support Oppose Measure Number		Primary 20 [Other Election Date:	General 20			
Recall Information						
Public Official's Name Of	fice	District/Position/Co	unty 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 official name of the committee)						
Name of Account Holder (Must include the name of the	candidate or th	e name of the committee)				
Name of Persons Who Have Signature Author	city Attach addit	ional list if necessary. The candidate and	transurar must be signars on			
the campaign account.	Attach addit	ional list if flecessary. The candidate and	treasurer must be signers on			
First	MI	Last				
First	MI	Last				
First	MI	Last				
Candidate's Attestation		Treasurer's Attestation, if applicable				
By signing this document, I acknowledge that I am an Ore am personally liable for any penalties imposed under ORS and I attest that the information on this form is true and	S Chapter 260,	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.				
Candidate's Signature Da	ate Signed	Treasurer's Signature	Date Signed			
For Office Use Only Initials	Committee ID					