

## Statement of Organization Information

*A candidate may have only one Candidate Committee*

**Filing a New Committee:** This form, along with the Campaign Account Information form (SEL 223), must be completed and filed within 3 business days of first receiving a contribution or making an expenditure. The "Original" box should be marked on both forms.

**A Candidate Who Serves as the Treasurer:** A candidate may either serve as the candidate's own treasurer or may appoint a separate treasurer. A candidate who serves as their own treasurer, does not have an existing candidate's committee and does not expect to receive or spend more than \$750 for a calendar year is not required to establish a campaign account, file a Statement of Organization or file transactions. However, if at any time the candidate exceeds \$750 in either contributions or expenditures in a calendar year, the candidate must then establish a campaign account, file a Statement of Organization and file contribution and expenditure transactions.

**Amending Information on this Form:** Any change in the information on this form must be filed **within 10 days** of the change. To notify the Elections Division of a 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.

**Discontinuing:** A candidate may discontinue their committee by disclosing all transactions that achieve a zero cash balance and filing a completed SEL 220 with the "Discontinuation" box marked.

This filing is an:  Original  Amendment  Discontinuation

## Committee Information

**Name of Committee (if changing the committee name, please include the former name)**

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**Committee Address (no post office box)**

Street	City	State	Zip
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Campaign Phone	Extension
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## Candidate Information

**Name of Candidate**

<input type="checkbox"/> Mr.   First	MI	Last	Suffix	Title
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<input type="checkbox"/> Ms.				
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**Candidate Address (no PO Box)**

Street Address	City	State	Zip
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**Mailing Address for Candidate Correspondence**

Street Address or PO Box	City	State	Zip
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**Candidate Occupational Information**

<input type="checkbox"/> Self-Employed	Occupation (if Self Employed indicate the nature of your business)
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<input type="checkbox"/> Not Employed	
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Employer's Name	City	State
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**Contact Information – Email Address is required**

Work Phone	Home Phone	Fax	Email Address
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## Treasurer Information

**Name of Treasurer**

<input type="checkbox"/> Mr.   First	MI	Last	
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<input type="checkbox"/> Ms.			
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**Mailing Address for Treasurer Correspondence**

Street Address or PO Box	City	State	Zip
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**Contact Information – Email Address is required**

Work Phone	Home Phone	Fax	Email Address
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**Director(s) Information:** If the committee has more than one director, attach a list of additional directors and include all the information required. The candidate should not be designated as a committee director. A committee director is not required.

**Name of Director**

Mr. | First | MI | Last  
 Ms.

**Mailing Address for Director**

Street Address or PO Box | City | State | Zip

**Director Occupational Information**

Work Phone |  Self-Employed | Occupation (if Self Employed indicate the nature of your business)  
 Not Employed

Name of Employer | City | State

If two or more directors of this political committee are directors of another committee, list the name and the name and address of the other committee. Attach a list if necessary.

**Alternate Transaction Filer Information**

**Name of Alternate Transaction Filer**

Mr. | First | MI | Last  
 Ms.

**Mailing Address and Contact Information for Alternate Transaction Filer Correspondence – Email Address is required**

Street Address or PO Box | City | State | Zip

Work Phone | Email Address

**Correspondence Recipient Information (someone other than the candidate or treasurer)**

**Name of Correspondence Recipient**

Mr. | First | MI | Last  
 Ms

**Mailing Address and Contact Information for Correspondence Recipient - Email Address is required**

Street Address or PO Box | City | State | Zip

Work Phone | Email Address

**Office Information for Candidate**

Name of Office Sought | District, Position, County or City | Position Number

**Candidate Election Activity – fill in year**

Primary 20 |  General 20 |  Other Election Date

**Party Affiliation: Choose one if filing for a partisan office**

Constitution |  Democratic |  Independent |  Libertarian |  Pacific Green

Progressive |  Republican |  Working Families |  Nonaffiliated |  Other

**Other Election Activity**

Supports or opposes multiple candidates and measures (if this is marked there is no requirement to name the candidates or measures).

Supports specific measures or recall | Measure Number(s)

Candidate(s) being recalled:

Opposes specific measures or recall | Measure Number(s)

Candidate(s) being recalled:

**SEL 223**

Attached is a Campaign account Information Form (SEL 223)  Yes  No

**Candidate Attestation**

By signing this document, I acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260 and attest that the information on the form is true and correct.

Candidate's Signature | Date Signed

**Treasurer's Attestation if different than Candidate**

By signing this document, I attest that the information on the form is true and correct.

Treasurer's Signature | Date Signed