

# Statement of Organization for Political Action Committee

SEL 221

rev 01/14

## Statement of Organization Information

**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.

**Committee Directors:** All political action committees must designate at least one committee director who is not the treasurer. The treasurer may be a committee director if the treasurer meets the definition of "committee director" in ORS 260.005(2), but the treasurer may not be the only committee director. If a committee has more than two directors, attach a list of additional directors and include all the information required on the form for each director.

**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 committee may discontinue by disclosing all transactions that achieve a zero cash balance and filing a completed SEL 221 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)		Acronym	
Committee Address (no post office box)			
Street	City	State	Zip
Campaign Phone	Extension		

### Treasurer Information

Name of Treasurer				
<input type="checkbox"/> Mr.	First	MI	Last	Title
<input type="checkbox"/> Ms.				
Mailing Address for Treasurer Correspondence				
Street Address	City	State	Zip	
Contact Information – Email Address is required				
Work Phone	Home Phone	Fax	Email Address	

### \* Director(s) Information

Name of Director (1)				
<input type="checkbox"/> Mr.	First	MI	Last	
<input type="checkbox"/> Ms.				
Mailing Address for Director				
Street Address or PO Box	City	State	Zip	

### \* Occupational Information

Work Phone	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed	Occupation (if Self Employed indicate the nature of your business)
Employer's Name	City	State

### \* Name of Director (2)

<input type="checkbox"/> Mr.	First	MI	Last	
<input type="checkbox"/> Ms.				
Mailing Address for Director				
Street Address or PO Box	City	State	Zip	

### Occupational Information

Work Phone	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed	Occupation (if Self Employed indicate the nature of your business)
Employer's Name	City	State

Continued on the reverse side of this form

From the Desk of  
Senator Brian Boquist

SEL 221

**\* Alternate Transaction Filer Information**

**Name of Alternate Transaction Filer**

<input type="checkbox"/> Mr.	First	<input type="checkbox"/> MI	Last
<input type="checkbox"/> Ms.			

**Mailing Address for Alternate Transaction Filer Correspondence**

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

Work Phone	Email Address
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**Correspondence Recipient Information (someone other than the treasurer)**

**Name of Correspondence Recipient**

<input type="checkbox"/> Mr.	First	<input type="checkbox"/> MI	Last
<input type="checkbox"/> Ms.			

**Mailing Address for Correspondence Recipient**

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

Work Phone	Email Address
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**Political Action Committee Type Information**

**Type of Political Action Committee (select one)**

<input type="checkbox"/> Caucus	<input type="checkbox"/> Recall	<input type="checkbox"/> Measure → Exclusively support or oppose one or more measures on a ballot	<input type="checkbox"/> Political Party → A major or minor party defined in ORS Chapter 248 → A committee established by a major or minor party under party bylaws	<input type="checkbox"/> Miscellaneous Support or oppose one or more of the following: → Specific candidates → Entire ticket of a political party
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**Party Affiliation: For Caucus and Political Party Committees (select one)**

<input type="checkbox"/> Constitution	<input type="checkbox"/> Democratic	<input type="checkbox"/> Independent	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Pacific Green
<input type="checkbox"/> Progressive	<input type="checkbox"/> Republican	<input type="checkbox"/> Working Families	<input type="checkbox"/> Other	

**Nature of Committee: A description of the general nature of the committee**

Is this committee a controlled committee?       Yes       No

If yes, identify the individual(s) who controls the committee:

**Election Activity**

Primary 20     General 20     Other Election Date

**Measure**

Year 20	Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
Year 20	Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
Year 20	Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
Year 20	Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose

**Recall (Attach an additional list if necessary)**

Year 20	Name:	Office:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
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**SEL 223**

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

**Treasurer's 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.*

Treasurer's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_