

Statement of Organization for a Candidate Committee

SEL 220

rev 01/14

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)

Committee Address (no post office box)

Street | City | State | Zip

Campaign Phone | Extension

Candidate Information

Name of Candidate

Mr. | First | MI | Last | Suffix | Title
 Ms.

Candidate Address (no PO Box)

Street Address | City | State | Zip

Mailing Address for Candidate Correspondence

Street Address or PO Box | City | State | Zip

Candidate Occupational Information

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

Employer's Name | City | State

Contact Information – Email Address is required

Work Phone | Home Phone | Fax | Email Address

Treasurer Information

Name of Treasurer

Mr. | First | MI | Last
 Ms.

Mailing Address for Treasurer Correspondence

Street Address or PO Box | City | State | Zip

Contact Information – Email Address is required

Work Phone | Home Phone | Fax | Email Address

Continued on the reverse side of this form

From the Desk of
Senator Brian Boquist

SEL 220

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			
<input type="checkbox"/> Mr.	First	MI	Last
<input type="checkbox"/> Ms.			
Mailing Address for Director			
Street Address or PO Box		City	State Zip
Director Occupational Information			
Work Phone	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed	Occupation (if Self Employed indicate the nature of your business)	
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			
<input type="checkbox"/> Mr.	First	MI	Last
<input type="checkbox"/> 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			
<input type="checkbox"/> Mr.	First	MI	Last
<input type="checkbox"/> 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					
<input type="checkbox"/> Primary 20	<input type="checkbox"/> General 20	<input type="checkbox"/> Other Election Date			
Party Affiliation: Choose one if filing for a partisan office					
<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"/> Nonaffiliated	<input type="checkbox"/> Other	
Other Election Activity					
<input type="checkbox"/> Supports or opposes multiple candidates and measures (if this is marked there is no requirement to name the candidates or measures).					
<input type="checkbox"/> Supports specific measures or recall		Measure Number(s)			
		Candidate(s) being recalled:			
<input type="checkbox"/> Opposes specific measures or recall		Measure Number(s)			
		Candidate(s) being recalled:			

SEL 223	
Attached is a Campaign account Information Form (SEL 223)	<input type="checkbox"/> Yes <input type="checkbox"/> 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