

Statement of Organization for Political Action Committee

SEL 221

rev 3/2020
ORS 260.042

Original: Must be filed **not later than 3 business days** of first receiving a contribution or making an expenditure.

Amendment: Any change in the information on this form must be filed **not later than 10 calendar days** of the change.

Discontinuation: To close committee if there are no outstanding debts/obligations, a zero cash balance, and the bank account is closed.

This filing is an: Original Amendment Discontinuation

Committee Information

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

Acronym

Street Address (No PO Box and must be in Oregon)

City

State

Zip

Campaign Phone

Extension

Treasurer Information

Mr. Ms.

First

MI

Last

Suffix

Title

Street Address or PO Box

City

State

Zip

Work Phone

Home Phone

Fax

Email

Director Information At least one director who is not the treasurer. For more than one director or if two or more directors are directors of another committee, attach a list and include all required information including the name and address of the other committee.

Mr. Ms.

First

MI

Last

Suffix

Title

Street Address or PO Box

City

State

Zip

Not Employed

Self-Employed

Occupation (if Self-Employed, indicate the nature of the business)

Work Phone

Employer's Name

City

State

Alternate Transaction Filer Information (Optional) A person other than the treasurer.

Mr. Ms.

First

MI

Last

Suffix

Title

Street Address or PO Box

City

State

Zip

Email

Work Phone

Correspondence Recipient Information (Optional) A person other than the treasurer or civil penalty designee.

Mr. Ms.

First

MI

Last

Suffix

Title

Street Address or PO Box

City

State

Zip

Email

Work Phone

Civil Penalty Designee Information (Optional) A person other than the treasurer or correspondence recipient.

Mr. Ms.

First

MI

Last

Suffix

Title

Street Address or PO Box

City

State

Zip

Email

Work Phone

