

Statement of Organization for Petition Committee

SEL 222

rev 3/2020
ORS 260.118

Original: Must be filed **not later than 3 business days** of first receiving a contribution or making an expenditure, and no later than the date the petition is approved for circulation.

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are no outstanding debts/obligations, a zero cash balance, and the bank account is closed, and the petition has been withdrawn or the deadline to submit signatures has passed.

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 an address 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

Chief Petitioner(s) Information Recall petitions may only have one chief petitioner.

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

Street Address or PO Box | City | State | Zip

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

Street Address or PO Box | City | State | Zip

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

Street Address or PO Box | City | State | Zip

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

Civil Penalty Designee 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

Jurisdiction			
<input type="checkbox"/> State	<input type="checkbox"/> County	<input type="checkbox"/> City	<input type="checkbox"/> District
Petition Information			
<input type="checkbox"/> Initiative	Petition ID number:		
<input type="checkbox"/> Referendum	Petition ID number:		
<input type="checkbox"/> Recall	Name:		
	Office:	District, Position, County or City:	

Campaign Account Information <small>This information not a public record and shall be kept confidential by the Elections Division.</small>			
Name of Oregon Financial Institution			
Name of Account (Must be identical to the name of the committee)			
Name of Account Holder			
Name of Persons Who Have Signature Authority <small>Attach additional list if necessary.</small>			
First	MI	Last	
First	MI	Last	
First	MI	Last	

Treasurer's Attestation and, if applicable, Civil Penalty Designee's Attestation			
<i>By signing this document, I acknowledge that I am an Oregon elector, I am personally liable for any penalties imposed under ORS Chapter 260, and I attest that the information on this form is true and correct. I also understand that if I appoint a civil penalty designee, I am not liable for any penalties imposed under ORS 260.232.</i>		<i>By signing this document, I acknowledge that I am an Oregon elector and I am personally liable for any penalties imposed under ORS 260.232.</i>	
Treasurer's Signature	Date Signed	Civil Penalty Designee's Signature	Date Signed