Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p.503,986.1518 | f.503.373,7414 | www.oregonvotes.gov

Campaign Account Information

SEL 223

Filing a New Committee: This form, along with the appropriate Statement of Organization form (SEL 220, 221 or 222), 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.

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 filing officer of a change in information, submit this form, completed in its entirety, and mark the "Amendment" box. An amended SEL 220, 221 or 222 should not be filed unless the information on that form also changes.

Discontinuing: A committee may discontinue by disclosing all transactions that achieve a zero cash balance by filing a completed SEL 200, 221 or 222 with the "Discontinuation" box marked. It is not necessary to submit this form when discontinuing a committee.

Confidentiality: The SEL 223 and any information it contains is exempt from public records disclosure and shall be kept confidential by the Elections Division:

Please type or print legibly in black or blue ink	C 0		0. 4
his filing is an:	0 0	riginal	○ Amendment
ommittee Information			
ame of Committee (if changing the committee name, pleas	e include the former name)		
lame of Oregon Financial Institution			
ccount Number	Name of Account (mus	t be identical	to name of committee)
lame of Account Holder			
ames of Persons Who Have Signature Authority			
lames of Persons Who Have Signature Authority			
lames of Persons Who Have Signature Authority			
Names of Persons Who Have Signature Authority			
lames of Persons Who Have Signature Authority			
lames of Persons Who Have Signature Authority			
Names of Persons Who Have Signature Authority By signing this document I attest that the above information is	true and correct.		
	true and correct		
By signing this document I attest that the above information is		Date Signed	
	D	ate Signed	

For Office Use	Only	
----------------	------	--

Initials

Committee ID Number

Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p.503.986.1518 | f.503.373.7414 | www.oregonvotes.gov

Statement of Organization for Political Action Committee

SEL 221

rev 1/12

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.

Note: Prior to discontinuing a committee must file a Notice of Intent to Discontinue (form SEL 224) either electronically using ORESTAR or by filing form SEL 224 with the Elections Division.

This filing is an:		O Original	 Amendment 	 Discontinuation
Committee Information				
Name of Committee (if chang	ging the committee name, please includ	de the former name)	Abbreviation or	Acronym
Committee Address (no post	office box)	City	State	Zip Code
Campaign Phone				
Treasurer Information				
Name of Treasurer ○ Mr. O Ms.				
Mailing Address for Treasur	er Correspondence	City	State	Zip Code
Work Phone	Home Phone	Fax	Email Address (r	equired)
Alternate Transaction Filer Inf	ormation (optional)			
Name of Alternate Transactio	n Filer (must be someone other than the	ne treasurer)		
Mailing Address for Alternat	e Transaction Filer	City	State	Zip Code
Email Address (required if des	signating an Alternate Transaction Filer)	Work Phone		
Name of Correspondence Re	nce Recipient Designated to Receive I cipient (must be someone other than t		Chapters 246-260 (option	nal)
○ Mr. ○ Ms. Mailing Address for Correspo	ondence Recipient	City	State	Zip Code
	signating a Correspondence Recipient)	Work Phone		
Email Address (required if des				
	nittee (select only one)			
Email Address (required if des Type of Political Action Comn O Caucus Committee O Reca		O Political Party	O Miscellaneous	

rimary 20 O General 20 O tical Party Name/Title and Number of Measu	ra / Panall Candidate's Name		
cical Party Name/ Little and Number of Measu	re/Recall Candidates Ivame	○ Support	Oppose
		O Support	Oppose
		○ Support	O Oppose
ure of Political Action Committee			
nmittee Information			
nis committee a controlled committee?		O Yes	O No
es, identify the individual(s) who controls the com	mittee:		
nmittee Director(s)	h a liet of additional dispetors on	d include all the information require	ad an the form for each d
e committee has more than two directors, attac		a morace an the imormation require	
ne of Committee Director	Address including zip code		
ne Number	Occup	pation	
ployer's Name	City a	nd State of Employer	O Self-Employed O Not Employed
ne of Committee Director	Address including zip code		
ne Number	Occup	pation	
ployer's Name	City a	nd State of Employer	୍ Self-Employed ଓ Not Employed
vo or more directors of this political committee a ctors and the name and address of the other po		tical committee, list the names of t	hose
223			
ached is a Campaign Account Information Fo	orm (SEL 223)	O Yes	O No
signing this document I acknowledge that I ar I attest that the information on the form is true	n personally liable for any pena and correct.	alties imposed under ORS Chapte	er 260
asurer's Signature	110-0	Date Signed	
Office Use Only			