

# Statement of Organization for Political Action Committee

# SEL 221

rev 01/10: ORS 260.042

**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. An amended SEL 223 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 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.

→ **Please type or print legibly in black or blue ink**

This filing is an:  **Original**  **Amendment**  **Discontinuation**

### Committee Information

<b>Name of Committee</b> (if changing the committee name, please include the former name)		<b>Abbreviation or Acronym</b>	
<b>Committee Address</b> (no post office box numbers)	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**Campaign Phone**

### Treasurer Information

**Name of Treasurer**  
 Mr.  Ms.

<b>Mailing Address for Committee Correspondence</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Work Phone</b>	<b>Home Phone</b>	<b>Fax</b>	<b>Email Address</b> (required)

### Alternate Transaction Filer Information (optional)

**Name of Alternate Transaction Filer** (must be someone other than the treasurer)  
 Mr.  Ms.

<b>Mailing Address for Alternate Transaction Filer</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**Email Address** (required if designating an Alternate Transaction Filer)

### Information for Correspondence Recipient Designated to Receive Notices Sent Under ORS Chapters 246-260 (optional)

**Name of Correspondence Recipient** (must be someone other than the treasurer)  
 Mr.  Ms.

<b>Mailing Address for Correspondence Recipient</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**Email Address** (required if designating a Correspondence Recipient)

### Type of Political Action Committee (select only one)

<input type="radio"/> <b>Caucus Committee</b>	<input type="radio"/> <b>Recall Committee</b>	<input type="radio"/> <b>Measure</b> → Exclusively support or oppose one or more measures on a ballot	<input type="radio"/> <b>Political Party</b> → A major or minor party defined in ORS Chapter 248 → A committee established by a major or minor party under party bylaws	<input type="radio"/> <b>Miscellaneous</b> Support or oppose one or more of the following: → Specific candidates → Entire ticket of a political party → Candidate in a recall election → Multiple candidates and measures
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**Election Activity**

Primary 20 \_\_\_\_  General 20 \_\_\_\_  Other Election Date: \_\_\_\_\_

**Political Party Name/Title or Number of Measure/Recall Candidate's Name**

Support  Oppose

Support  Oppose

Support  Oppose

**Nature of Political Action Committee****Committee Information**

**Is this committee a controlled committee?**  Yes  No

If yes, identify the candidate who controls the committee:

**Is this committee a slate mailer organization?**  Yes  No

**Committee Director(s)**

If the committee has more than two directors, attach a list of additional directors and include all the information required on the form for each director.

<b>1</b> Name of Committee Director	Address including zip code	
Phone Number	Occupation	
Employer's Name	City and State of Employer	<input type="radio"/> Self-Employed <input type="radio"/> Not Employed

<b>2</b> Name of Committee Director	Address including zip code	
Phone Number	Occupation	
Employer's Name	City and State of Employer	<input type="radio"/> Self-Employed <input type="radio"/> Not Employed

If two or more directors of this political committee are also directors of another political committee, list the names of those directors and the name and address of the other political committee.

**SEL 223**

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

*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

**For Office Use Only**

Initials

Committee ID Number

Date SEL 223 Received