


- UNION COUNTY -  
County Clerk  
Robin A. Church

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[www.union-county.org](http://www.union-county.org)

Phone 541-963-1006  
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**Voting Information**  
1-866-ORE-VOTES  
(1-866-673-8683)

TO: PROSPECTIVE NON-PARTISAN COUNTY CANDIDATE

FROM: ROBIN A. CHURCH   
Union County Clerk

SUBJECT: PRIMARY ELECTION – MAY 15, 2018

Enclosed you will find all of the information you will need to file for Union County elected non-partisan offices. The Secretary of State's Office is no longer printing the Candidate's Manual or the Campaign Finance Manual for distribution. You may print out or read each of the manuals and complete all required forms by going on line to: <http://www.sos.state.or.us/elections> , and going to publications & forms to choose the information you need. All Contributions & Expenditures are filed on line with the Secretary of State, via ORESTAR. If you have questions, please ask. Required forms: SEL101, SEL121, PC7 (if you do not intend to receive or spend more than \$3,500.00 in a calendar year), SEL220, SEL221, SEL222 & SEL223. Please note: All forms are fillable pdf's on the Secretary of State's website.

Please note: There may have been Legislative changes since the 2016 Election Manuals were published; these changes do not take effect until January 2, 2018.

You may file for office by paying the \$50.00 filing fee or by gathering signatures on an approved petition. If you choose to gather signatures, you will need 132 valid signatures from at least 2 Union County precincts. The guidelines for circulating petitions are on page 24 of the Candidate's Manual. These rules are strictly enforced.

The first day to file for office is September 7, 2017 and the filing deadline is not later than March 6, 2018, by 5:00 pm.

enc

# Candidate Filing

## Major Political Party or Nonpartisan

**SEL 101**

rev 09/17  
ORS 249.031

**!** All information must be completed or the form will be rejected.

Filing Dates		Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
<b>Primary Election May 15, 2018</b>	First Day to File	September 7, 2017	January 15, 2018	March 9, 2018
	Last Day to File	March 06, 2018	March 8, 2018	
<b>General Election November 6, 2018</b>	First Day to File	May 30, 2018	July 9, 2018	August 31, 2018
	Last Day to File	August 28, 2018	August 28, 2018	

<b>Filing Information</b>			
<b>This filing is an</b>	<input type="checkbox"/> Original	<input type="checkbox"/> Amendment	
<b>Filing Officer</b>	<input type="checkbox"/> Secretary of State	<input type="checkbox"/> County Elections Official	<input type="checkbox"/> City Recorder (Auditor)

<b>Office Information</b>			
Filing for Office of:			
District, Position or County:			
Party Affiliation:	<input type="checkbox"/> Democratic Party	<input type="checkbox"/> Republican Party	<input type="checkbox"/> Independent Party <input type="checkbox"/> Nonpartisan
Incumbent Judge (for judge candidates only):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Nondisclosure on file

<b>Payment Information</b> Select how you will pay for your candidacy filing.			
<input type="checkbox"/> Declaration of Candidacy and required filing fee			
<b>Office</b>	<b>Filing Fee</b>	<b>Office</b>	<b>Filing Fee</b>
United States President	n/a	District Attorney	\$50
United States Vice President	n/a	County Judge	\$50
United States Senator	\$150	MSD Executive Officer, MAD Director	\$100
United States Representative	\$100	MSD Councilor	\$25
Statewide Offices	\$100	County Office	\$50
State senator or Representative	\$25	City Office	Set by charter or ordinance
Circuit Court Judge	\$50	Justice of the Peace	n/a
<input type="checkbox"/> Prospective Petition, instead of required filing fee		Petition circulators will be paid	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Candidate Information</b>				
<b>Name of Candidate</b>				
First	MI	Last	Suffix	Title
<b>How you would like your name to appear on the ballot</b>				
<b>Candidate Residence / Route Address</b>				
Street Address	City	State	Zip	County
<b>Candidate Mailing Address and Contact Information</b> Only one phone number is required.				
Street Address or PO Box	City	State	Zip	
Work Phone	Home Phone	Cell Phone	Fax	
Email Address	Web Site, if applicable			

Continued on page 2 of this form

**Occupation (present employment)** If no relevant experience, None or NA must be entered.

**Occupational Background (previous employment)** If no relevant experience, None or NA must be entered.

**Educational Background (schools attended)** If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)

Last Grade completed

Diploma/Degree/Certificate

Course of Study

**Educational Background (other)** Attach a separate sheet if necessary.

**Prior Governmental Experience (elected or appointed)** If no relevant experience, None or NA must be entered.

**Campaign Finance Information** Not applicable to candidates for federal office.

**Candidate Committee**

☐ Yes, I have a candidate committee.

☐ No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.

**NOTE: If you have previously filed for office please check with the Elections Division to verify if you have an existing candidate committee.**

☐ No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).


**Candidate Attestation**

*By signing this document, I hereby state that:*

- I will accept the nomination for the office indicated above
- I will qualify for said office if elected,
- all information provided by me on this form is true to the best of my knowledge **and**
- no circulators will be compensated based on the number of signatures obtained by the circulator on a prospective petition

**For Major Political Party Candidates**

- if not nominated, I will not accept the nomination or endorsement of any political party other than the one named
- I have been a member of said political party, subject to the exceptions stated in ORS 249.046, for at least 180 days before the deadline for filing a nominating petition or declaration of candidacy (ORS 249.031). Does not apply to candidates filing for the office of US President.

 **Warning**  
Supplying false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715). A person may only file for one lucrative office or not more than one precinct committee person at the same election. Unless the person has withdrawn from the first filing, **all** filings are invalid. (ORS 249.013 and ORS 249.170)

\_\_\_\_\_  
**Candidate Signature**

\_\_\_\_\_  
**Date**

# Certificate of Limited Contributions and Expenditures

**PC 7**

rev 1/16  
ORS 260.112

<b>Committee Information</b>		
Name of Committee		Committee ID Number
<b>Treasurer's Name if different than candidate</b>		
First	Last	
<b>Mailing Address</b>		
Street or PO Box		
City	State	Zip Code
<b>Committee Type</b>		
<input type="checkbox"/> Candidate	<input type="checkbox"/> Political Action Committee <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Measure <input type="checkbox"/> Recall <input type="checkbox"/> Caucus <input type="checkbox"/> Political Party	<input type="checkbox"/> Petition Committee <input type="checkbox"/> Initiative <input type="checkbox"/> Recall <input type="checkbox"/> Referendum
Year	Balance on January 1	

<b>Notes</b>
<p>→ If a committee does not expect to receive a total of more than \$3,500 or spend a total of more than \$3,500 in a calendar year, a Certificate of Limited Contributions and Expenditures may be filed. A certificate must be filed no later than seven calendar days after receiving the first contribution or making the first expenditure in a calendar year.</p> <p>→ A committee must continuously maintain detailed records of all contributions received and expenditures made even if it files a certificate. If at any time during the calendar year the total contributions or total expenditures exceed \$3,500 the committee must file all transactions electronically using ORESTAR. All transactions occurring in the calendar year must be filed no later than seven calendar days after exceeding the \$3,500 threshold. Refer to the Campaign Finance Manual for further information.</p>

<b>The Candidate or Treasurer may sign and file a Certificate</b>
<p>I, _____ hereby certify I expect neither the aggregate contributions received nor the aggregate expenditures made by or on behalf of my candidacy or committee for this calendar year to exceed \$3,500. I understand that this form must be filed no later than seven calendar days after receiving a contribution or making an expenditure in the calendar year. I also understand that if the committee exceeds \$3,500 in total contributions or total expenditures during the calendar year, detailed transaction information must be filed electronically using ORESTAR for the calendar year not later than seven calendar days after exceeding the \$3,500 threshold.</p>

<b>Candidate Attestation</b>	
<p><i>By signing this document, I attest that the information on the form is true and correct and acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260.</i></p>	
Candidate's Signature	Date Signed
<b>Treasurer's Attestation if different than Candidate</b>	
<p><i>By signing this document, I attest that the information on the form is true and correct and I acknowledge that if I am a treasurer for a political action or petition committee I am personally liable for any penalties imposed under Chapter 260.</i></p>	
Treasurer's Signature	Date Signed

**For Office Use Only**

Initials \_\_\_\_\_ Date Entered \_\_\_\_\_


Date Attached to  
Committee \_\_\_\_\_

Candidate Signature Sheet | Nonpartisan

Petition ID \_\_\_\_\_

Signatures for this petition are being gathered by ☐ PAID Circulators ☐ VOLUNTEER Circulators


This is a candidate nominating petition. Signers of this page must be active registered voters in the county listed.

 Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer. Candidates should allow ample time for the verification process to be completed before 5pm on the filing deadline day.

County \_\_\_\_\_

Candidate Information	
Name	Office
Election	District or Position Number

To the Secretary of State of Oregon/County Elections Official/City Recorder, We the undersigned voters, request the candidate’s name be placed on the ballot at the election listed above for nomination to the office indicated.

 Signers must initial any changes the circulator makes to their printed name, residence address or date they signed the petition.

Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Circulator Certification** This certification **must** be completed by the circulator and additional signatures **should not** be collected on this sheet once the certification has been signed and dated!

I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 249.061). I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition.

Circulator Signature	Date Signed mm/dd/yy
Printed Name of Circulator	Circulator’s Address street, city, zip code

**Sheet Number**  
Sheet will be numbered by group submitting the petition.

# Statement of Organization for a Candidate Committee

**SEL 220**rev 01/16  
ORS 260.039

## 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 **not later than 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. See the 2016 Campaign Finance Manual for deadline information.

**Amending Information on this Form:** Any change in the information on this form must be filed **not later than 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 if there are no outstanding debts or obligations, a zero cash balance is achieved and by 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 and must be an address in Oregon)**

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 (only one phone number is needed, all other fields are required except Fax)**

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

Employer's Name | City | State

**Contact Information**

Work Phone | Home Phone | Fax (not required) | Email Address

## Treasurer Information

**Name of Treasurer**

☐ Mr. | First | MI | Last  
☐ Ms.

**Mailing Address and Contact Information for Treasurer Correspondence (only one phone number is needed, all other fields are required except Fax)**

Street Address or PO Box | City | State | Zip

Work Phone | Home Phone | Fax (not required) | Email Address

Continued on the reverse side of this form

**SEL 220**

<b>Director(s) Information:</b> If the committee has more than one director, attach a list of additional directors and include all the information required. A committee director is not required for candidate committee. <b>(all fields are required)</b>			
<b>Name of Director</b>			
<input type="checkbox"/> Mr.   First	MI	Last	
<input type="checkbox"/> Ms.			
<b>Mailing Address for Director</b>			
Street Address or PO Box		City	State   Zip
<b>Director Occupational Information</b>			
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 of the director, and the name and address of the other committee by attaching a separate piece of paper.			
<b>Alternate Transaction Filer Information (a person other than the candidate or treasurer) (all fields are required)</b>			
<b>Name of Alternate Transaction Filer</b>			
<input type="checkbox"/> Mr.   First	MI	Last	
<input type="checkbox"/> Ms.			
<b>Mailing Address and Contact Information for Alternate Transaction Filer Correspondence</b>			
Street Address or PO Box		City	State   Zip
Work Phone		Email Address	
<b>Correspondence Recipient Information (a person other than the candidate or treasurer) (all fields are required)</b>			
<b>Name of Correspondence Recipient</b>			
<input type="checkbox"/> Mr.   First	MI	Last	
<input type="checkbox"/> Ms.			
<b>Mailing Address and Contact Information for Correspondence Recipient</b>			
Street Address or PO Box		City	State   Zip
Work Phone		Email Address	

<b>Office Information for Candidate</b>			
Office Sought by candidate		District, Position, County or City	Position Number
<b>Candidate Election Activity – mark the appropriate box and fill in year</b>			
<input type="checkbox"/> Primary 20	<input type="checkbox"/> General 20	<input type="checkbox"/> Other Election Date	
<b>Party Affiliation: Choose one if filing for a partisan office</b>			
<input type="checkbox"/> Constitution	<input type="checkbox"/> Democratic	<input type="checkbox"/> Independent	<input type="checkbox"/> Libertarian
<input type="checkbox"/> Progressive	<input type="checkbox"/> Republican	<input type="checkbox"/> Working Families	<input type="checkbox"/> Nonaffiliated
<input type="checkbox"/> Pacific Green			
<input type="checkbox"/> Other			
<b>Other Election Activity</b>			
<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:	

<b>SEL 223</b>	
Attached is a Campaign account Information Form (SEL 223)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Candidate Attestation</b>	
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
<b>Treasurer's Attestation if different than Candidate</b>	
By signing this document, I attest that the information on the form is true and correct.	
Treasurer's Signature	Date Signed

# Statement of Organization for Political Action Committee

SEL 221

rev 01/14

## Statement of Organization Information

**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.

This filing is an: ☐ Original ☐ Amendment ☐ Discontinuation

## Committee Information

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

## Committee Address (no post office box)

Street City State Zip

Campaign Phone Extension

## Treasurer Information

### Name of Treasurer

☐ Mr. First MI Last Suffix Title  
☐ Ms.

### Mailing Address for Treasurer Correspondence

Street Address City State Zip

### Contact Information – Email Address is required

Work Phone Home Phone Fax Email Address

## Director(s) Information

### Name of Director (1)

☐ Mr. First MI Last  
☐ Ms.

### Mailing Address for Director

Street Address or PO Box City State Zip

### Occupational Information

Work Phone ☐ Self-Employed Occupation (if Self Employed indicate the nature of your business)  
☐ Not Employed

Employer's Name City State

### Name of Director (2)

☐ Mr. First MI Last  
☐ Ms.

### Mailing Address for Director

Street Address or PO Box City State Zip

### Occupational Information

Work Phone ☐ Self-Employed Occupation (if Self Employed indicate the nature of your business)  
☐ Not Employed

Employer's Name City State

Continued on the reverse side of this form

SEL 221



<b>Alternate Transaction Filer Information</b>				
<b>Name of Alternate Transaction Filer</b>				
<input type="checkbox"/> Mr.	First	MI	Last	
<input type="checkbox"/> Ms.				
<b>Mailing Address for Alternate Transaction Filer Correspondence</b>				
Street Address or PO Box		City	State	Zip
<b>Contact Information – Email Address is required</b>				
Work Phone		Email Address		
<b>Correspondence Recipient Information (someone other than the treasurer)</b>				
<b>Name of Correspondence Recipient</b>				
<input type="checkbox"/> Mr.	First	MI	Last	
<input type="checkbox"/> Ms.				
<b>Mailing Address for Correspondence Recipient</b>				
Street Address or PO Box		City	State	Zip
<b>Contact Information – Email Address is required</b>				
Work Phone		Email Address		
<b>Political Action Committee Type Information</b>				
<b>Type of Political Action Committee (select one)</b>				
<input type="checkbox"/> Caucus	<input type="checkbox"/> Recall	<input type="checkbox"/> Measure → Exclusively support or oppose one or more measures on a ballot	<input type="checkbox"/> Political Party → A major or minor party defined in ORS Chapter 248 → A committee established by a major or minor party under party bylaws	<input type="checkbox"/> Miscellaneous Support or oppose one or more of the following: → Specific candidates → Entire ticket of a political party
<b>Party Affiliation: For Caucus and Political Party Committees (select one)</b>				
<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"/> Other	
<b>Nature of Committee: A description of the general nature of the committee</b>				
Is this committee a controlled committee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, identify the individual(s) who controls the committee:				
<b>Election Activity</b>				
<input type="checkbox"/> Primary 20	<input type="checkbox"/> General 20	<input type="checkbox"/> Other Election Date		
<b>Measure</b>				
Year 20	Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose	
Year 20	Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose	
Year 20	Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose	
Year 20	Measure Number/Title:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose	
<b>Recall (Attach an additional list if necessary)</b>				
Year 20	Name:	Office:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
<b>SEL 223</b>				
Attached is a Campaign account Information Form (SEL 223)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Treasurer's Attestation</b>				
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

# Statement of Organization for Petition Committee

**SEL 222**rev 01/16  
ORS 260.118

## Statement of Organization Information

**Filing a New Committee:** This form, along with the Campaign Account Information Form (SEL 223), must be completed and 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. The "Original" box should be marked.

**Chief Petitioners:** A petition committee must list all chief petitioners of the petition. A recall committee may only have one chief petitioner.

**Amending Information on this Form:** Any change in the information on this form must be filed **not later than 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 if there are no outstanding debt or obligations, a zero cash balance is achieved and by filing a completed SEL 222 with the "Discontinuation" box marked. Discontinuation of a state initiative or referendum petition committee prior to the deadline for submitting signatures for verification can occur only if the petition is withdrawn.

This filing is an: ☐ Original ☐ Amendment ☐ Discontinuation

## Committee Information

Name of Committee (if changing the committee name, please include the former name)		Acronym (optional)	
Committee Address (no post office box and must be an address in Oregon)			
Street	City	State	Zip
Campaign Phone	Extension		

## Treasurer Information

Name of Treasurer				
<input type="checkbox"/> Mr.	First	MI	Last	Suffix
<input type="checkbox"/> Ms.				
Mailing Address and Contact information for Treasurer Correspondence (only one phone number is needed, all other fields are required except Fax)				
Street Address or PO Box		City	State	Zip
Work Phone	Home Phone	Fax (not required)	Email Address	

## Chief Petitioner(s) Information: A recall petition may have only one chief petitioner

Name of Chief Petitioner (1) (all fields are required)				
<input type="checkbox"/> Mr.	First	MI	Last	
<input type="checkbox"/> Ms.				
Mailing Address for Chief Petitioner				
Street Address or PO Box		City	State	Zip
				Work Phone
Name of Chief Petitioner (2) (all fields are required)				
<input type="checkbox"/> Mr.	First	MI	Last	
<input type="checkbox"/> Ms.				
Mailing Address for Chief Petitioner				
Street Address or PO Box		City	State	Zip
				Work Phone
Name of Chief Petitioner (3) (all fields are required)				
<input type="checkbox"/> Mr.	First	MI	Last	
<input type="checkbox"/> Ms.				
Mailing Address for Chief Petitioner				
Street Address or PO Box		City	State	Zip
				Work Phone

Alternate Transaction Filer Information (a person other than the treasurer) (all fields are required)			
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			
Street Address		City	State      Zip
Work Phone		Email Address	

Petition Information			
Type of Petition Committee			
<input type="checkbox"/> Initiative	<input type="checkbox"/> Recall	<input type="checkbox"/> Referendum	
Jurisdiction			
<input type="checkbox"/> State	<input type="checkbox"/> County	<input type="checkbox"/> City	<input type="checkbox"/> District
Additional Information			
Date Prospective Petition Filed (mm/dd/yy) (only required for a local petition)			
Date of Election (mm/dd/yy) (only required for a state petition)			
Petition Information			
Subject/Title:			
Petition ID Number (Assigned by filing officer and only required for a local initiative/referendum petition)			

Recall	
Identify the following information about the public official the committee intends to recall:	
First Name	Last Name
Office	District, Position, County or City (include position number if applicable)

SEL 223		
Attached is a Campaign account Information Form (SEL 223)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Treasurer’s Attestation	
By signing this document, I attest that the information on the form is true and correct and acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260.	
Treasurer’s Signature	Date Signed

# Campaign Account Information

**SEL 223**rev 01/16  
ORS 260.054

**Filing a New Committee:** This form, along with the appropriate Statement of Organization form (SEL 220, 221 or 222), must be completed and filed **not later than 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 **not later than 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 220, 221 or 222 should not be filed unless the information on that form also changes.

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

This filing is an: ☐ Original ☐ Amendment

Committee Information		
Name of Oregon Financial Institution		
Name of Account (must be identical to the name of committee, if changing the committee name, please include the former name)		
Name of Account Holder		
Names of Persons Who Have Signature Authority		
First	MI	Last
First	MI	Last
First	MI	Last
First	MI	Last
First	MI	Last

**Important:**  
The information on this form is exempt from public records disclosure and shall be kept confidential by the Elections Division.

By signing this document I attest that the above information is true and correct.	
Candidate Signature	Date Signed
Treasurer Signature	Date Signed