

Nature of Committee Provide a description of the general nature of the committee.	
Controlled Committee Information Controlled directly or indirectly or acting jointly with a candidate or another controlled committee.	
Is this committee controlled by a candidate? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, identify candidate: _____	
Type of Political Action Committee Select one type.	
<input type="checkbox"/> Miscellaneous: supports or opposes one or more candidate(s) and/or measure(s) <input type="checkbox"/> Caucus: affiliated with a caucus in either chamber of Oregon's Legislative Assembly <input type="checkbox"/> Recall: supports or opposes a person subject to a recall election that has been certified to the ballot <input type="checkbox"/> Measure: exclusively support or oppose one or more measures on a ballot <input type="checkbox"/> Political Party: major or minor party defined in ORS Chapter 248 or a committee established by a major or minor party bylaws. <i>Select one party</i> <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	
Measure Information Attach an additional list if necessary.	
Measure Number	<input type="checkbox"/> Support <input type="checkbox"/> Primary 20____ <input type="checkbox"/> General 20____ <input type="checkbox"/> Other Election Date: _____ <input type="checkbox"/> Oppose
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Recall Information Attach an additional list if necessary.	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Election Date Public Official's Name Office District/Position/County

Campaign Account Information This information not a public record and shall be kept confidential by the Elections Division.		
Name of Oregon Financial Institution		
Name of Account (Must be identical to the official name of the committee)		
Name of Account Holder (Must include the treasurer, the name of the committee or the affiliated organization that administers the account)		
Name of Persons Who Have Signature Authority Attach additional list if necessary. The treasurer must be a signer on the campaign account.		
First	MI	Last
First	MI	Last
First	MI	Last

Treasurer'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>	Civil Penalty Designee's Attestation, if applicable <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>
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Treasurer's Signature	Date Signed	Civil Penalty Designee's Signature	Date Signed
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For Office Use Only Initials _____ Committee ID _____