

Alternate Transaction Filer Information (Optional) A person other than the candidate or treasurer.					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First	MI	Last	Suffix	Title
Street Address or PO Box		City		State	Zip
Email		Work Phone (and extension if applicable)			
Correspondence Recipient Information (Optional) A person other than the candidate or treasurer.					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First	MI	Last	Suffix	Title
Street Address or PO Box		City		State	Zip
Email		Work Phone (and extension if applicable)			
Other Election Activity Complete only if the candidate will be active at an election in which their name won't already be printed on the ballot.					
<input type="checkbox"/> Supports or opposes multiple candidates and measures <input type="checkbox"/> Supports or opposes specific measure(s) or recall(s). Identify measures or recalls below, attach additional list if necessary:					
Measure Information					
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Measure Number		<input type="checkbox"/> Primary 20 _____ <input type="checkbox"/> General 20 _____ <input type="checkbox"/> Other Election Date: _____	
Recall Information					
Public Official's Name		Office		District/Position/County	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

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 name of the candidate or the name of the committee)	
Name of Persons Who Have Signature Authority Attach additional list if necessary. The candidate and treasurer must be signers on the campaign account.	
First	MI Last
First	MI Last
First	MI Last

Candidate's Attestation	Treasurer's Attestation, if applicable
<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>	<i>By signing this document, I acknowledge that I am an Oregon elector and I attest that the information on the form is true and correct.</i>

Candidate's Signature	Date Signed	Treasurer's Signature	Date Signed
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