



**OPEN &
ACCOUNTABLE
ELECTIONS
PORTLAND**



REQUEST FOR RECONSIDERATION

REQUESTING PARTY'S INFORMATION

Name: _____ Phone: _____

Email: _____

Address: _____

I am:

- ☐ A participating candidate requesting reconsideration of a determination related to my campaign
- ☐ A candidate requesting reconsideration of a determination related to an opponent's campaign
- ☐ Representing a political committee
- ☐ A member of the public

DETERMINATION TO BE RECONSIDERED

☐ Certification of a candidate Candidate Name: _____

☐ Whether a contribution is eligible to be matched ORESTAR or OAE Transaction #: _____

☐ Penalty Penalty amount: _____
Penalty letter date: _____
Name of penalized party: _____

RATIONALE

Please describe why you believe the Director's determination was erroneous. (If you need additional space, please attach an additional page.) Please attach any documentation that supports your request and describe each attachment and the relevance of the information on it to this request.

Requesting Party's Signature

Date

To submit this form and attachments, email to OpenElections@portlandoregon.gov or mail to or drop it off at Open and Accountable Elections, 1221 SW 4th Avenue, Room 220, Portland, OR 97204.