



Small Donor Elections Appeals Form

Requests for an appeal hearing must be received within 7 calendar days of the mailing date of the reconsideration response being appealed (PCC Section 2.16.170). Either drop the application off during City business hours at the front desk at 1120 SW 5th Ave or email an image of this application to SmallDonorElections@portlandoregon.gov.

APPELLANT'S INFORMATION	
Name: _____	Phone: _____
Email: _____	
Mailing Address: _____	
Campaign Name: _____	
DATE OF RESPONSE LETTER BEING APPEALED: _____	
<input type="checkbox"/> Certification	Candidate Name: _____
<input type="checkbox"/> Whether a contribution is eligible to be matched	OAE Transaction #: _____
<input type="checkbox"/> Penalty	Penalty letter date: _____
INFORMATION ON ATTORNEY OR LEGAL REPRESENTATIVE <i>(if applicable)</i>	
Name: _____	Name of Firm: _____
Phone: _____	Email: _____
Mailing Address: _____	
NARRATIVE OF REASON THE DECISION WAS INCORRECTLY DECIDED (attach as a document if more space is needed)	
ADDITIONAL INFORMATION AND MATERIALS	
If, in addition to your narrative argument, submit any evidence or documents to support your position (such as records, receipts, emails, statements from other parties, photographs, financial documents or other supplementary materials) as part of this application. Please label each clearly at the top.	

Appellant Party's Signature

Date

For Office Use Only:	Case ID Number _____
	Date Request Received _____
City Employee Receiving Request _____	
Employee's Initials _____	