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Image of the official seal of the City of Portland

# **FOR RECONSIDERATION**

*In accordance with* [*Section 2.16.170*](https://www.portland.gov/code/2/16) *of the Small Donor Elections code, Requests for Reconsideration must be filed along the following timelines:*

* *For a matching or certification determination, within 7 calendar days of the date of the determination*
* *For a proposed penalty, within 7 calendar days after the date the program imposes the penalty*

*All responses to Requests for Reconsideration will be provided within 10 business days of receiving the request*

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| **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 (Name of 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. Describe each attachment and the relevance of the information on it to this request. |
| **Submit this form and any attachments by emailing an image of it to or mailing it to or dropping it off at Small Donor Elections, 1221 SW 4th Avenue, Room 220, Portland, OR 97204.** |

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**Requesting Party’s Signature Date**