Notice of Intent to Participate

SMALL DONOR ELECTIONS PORTLAND

CANDIDATE INFORMATION	1	**Name**: _____ **Phone**: _____ **Email**: _____ **Office Sought:** ☐ Mayor ☐ Auditor ☐ Councilor + District: ☐ 1 ☐ 2 ☐ 3 ☐ 4
FILING TYPE	2	☐ Original Filing ☐ Amendment ☐ Withdrawal from program
TREASURER INFORMATION	3	**Treasurer Name**: _____ **Treasurer Phone**: _____ **Treasurer Email**: _____
DESIGNEE INFORMATION	4	**Name of Designee for Official Notifications**: _____ **Designee Email**: _____
FOR PUBLICATION ON PORTLAND.GOV	5	**Campaign Phone:** _____ **Campaign Website**: _____ **Campaign Email**: _____
OPTIONAL DEMOGRAPHIC INFORMATION	6	**Race/Ethnicity/Tribal Affiliation**: _____ **Birth Year**: _____ **Language spoken at home**: _____ **Gender Identity/Expression**: _____ **Housing**: ☐ Own ☐ Rent ☐ Unhoused **Household Income**: ☐ Under $30,000 ☐ $30,000-59,999 ☐ $60,000-89,999 ☐ 90,000-199,999 ☐ $200,000 or more
ACKNOWLEDGEMENTS *Candidate must initial each and check the appropriate box.*	7	____ I understand that if I have accepted or made any prohibited contributions or expenditures prior to filing this form, I have 30 days from the day I submit this form to remedy them or I may be subject to penalty and/or denial of certification. ☐ *Yes*, I want the program to determine whether any prior contributions or expenditures need to be cured. I will report them within 14 calendar days. ☐ *No*, I don't want an assessment. ____ I understand that contributions collected before this form is submitted (and the mandatory training is completed by me and my treasurer) are not matchable. You may submit as matchable contributions collected starting on the day this form is submitted to the city (and the mandatory trainings are completed). ____ I understand that this form may be subject to public records requests and the City will publish my name and my campaign's phone number, email, and website online. ____ I understand that, after filing this form, I must report all contributions and expenditures from the beginning of the election cycle through today within 30 days and then must report future contributions and expenditures within the reporting timeline.
SIGNATURE	8	_____ _____ **Candidate Signature** **Date**
NOTICE OF REQUIRED ARIBA REGISTRATION	9	Before a campaign can receive matching funds, it must be registered with the city's Ariba system with campaign and bank information. The instructions can be found here: https://www.portland.gov/smalldonorelections/documents/how-register-ariba/download.
HOW TO FILE THIS FORM	10	**Option 1**: Email to SmallDonorElections@portlandoregon.gov. **Option 2**: Mail to Small Donor Elections, 1120 SW 5th Ave, 10th floor, Portland, OR 97204. **Option 3**: Drop off at 1120 SW 5th during city business hours and tell the front desk it is for the Small Donor Elections program.

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