Tier 2 & 3 Application

CANDIDATE	1	Name: _____
RECOMMENDED READINESS ASSESSMENT	2	Prior to submitting this form, it is recommended you request an assessment of your readiness to apply for Tier 2 or 3. If there are steps you can take to ensure a successful application, the program will advise your campaign on those steps. ☐ My campaign's readiness has already been assessed. ☐ I am declining an assessment.
SIGNATURE	3	_____ _____ Candidate Signature Date
HOW TO FILE THIS FORM	4	**Option 1**: Email to SmallDonorElections@portlandoregon.gov. **Option 2**: Mail to Small Donor Elections, 1120 SW 5th Ave, Suite 901, Portland, OR 97204. **Option 3**: Drop off to 1120 SW 5th Ave during City business hours and tell the front desk it is for the Small Donor Elections program.