Notice of Intent to Participate

CANDIDATE INFORMATION	**1**	**Name**: _____ **Phone**: _____ **Email**: _____ **Office Sought**: ☐ Mayor ☐ Auditor ☐ Council District 1 ☐ Council District 2 ☐ Council District 3 ☐ Council District 4
FILER INFORMATION	**2**	**Treasurer Name**: _____ **Treasurer Phone**: _____ **Campaign Address**: _____ **Campaign Designee for Email Notifications**: _____ **Designee Email**: _____
FILING TYPE	**3**	☐ Original Filing ☐ Amendment ☐ Withdrawal from program
ACKNOWLEDGEMENTS *Candidate must initial each to acknowledge and check the appropriate box.*	**4**	____ 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 of filing this form. I understand the timing of the determination may allow my campaign only 3 business days to cure violations before the cure period ends. ☐ *No*, I don't want or don't need an assessment. ____ I understand that I may not collect matchable contributions until this form has been filed and both my treasurer and I have taken the mandatory training. ____ I understand that this form may be subject to public records requests and the City will publish my name and/or this form on its website. ____ I understand that, after filing this form, I must report all contributions and expenditures from the beginning of the election cycle through today and then must report future contributions and expenditures within the reporting timeline.
SIGNATURE	**5**	_____ _____ **Candidate Signature** **Date**
NOTICE OF REQUIRED ATTACHMENTS	**6**	The following attachments are required (do not email attachments): ☐ A completed ACH Vendor Payment Authorization Agreement ☐ A completed federal W-9 form ☐ Either a voided check from the campaign account or a Direct Deposit Letter from the bank
HOW TO FILE THIS FORM	**7**	**Option 1**: Email only the form to SmallDonorElections@portlandoregon.gov and, within approximately 7 calendar days, submit the required attachments via the secure link we will email you or by mailing them or dropping them off at the address in Options 2 and 3. Do not email attachments; they contain financially sensitive information and our email is not secure. **Option 2**: Mail form and attachments to Small Donor Elections, 1120 SW 5th Ave, Suite 901, Portland, OR 97204. **Option 3**: Drop off form and attachments to 1120 SW 5th Ave during City business hours and tell the front desk it is for the Small Donor Elections program.

Version 3.1 Published 04/25/2024