



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: <u>Rene For Portland (Rene Gonzalez)</u>	Phone: <u>503.970.9024</u>
Email: <u>shah@reneforportland.com</u>	
Mailing Address: <u>PO Box 82356, Portland, Oregon 97282</u>	
Campaign Name: <u>Rene For Portland</u>	
DATE OF RESPONSE LETTER BEING APPEALED: <u>City Response Letter: 9.29.22</u>	
<input type="checkbox"/> Certification	Candidate Name: <u>Rene Gonzalez</u>
<input type="checkbox"/> Whether a contribution is eligible to be matched	OAE Transaction #: <u>21605</u>
<input checked="" type="checkbox"/> Penalty	Penalty letter date: <u>September 20, 2022</u>
INFORMATION ON ATTORNEY OR LEGAL REPRESENTATIVE (if applicable)	
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)	
Please see attached Addendum to Appeal/Request for Hearing	
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.	

Shah Smith

Appellant Party's Signature

10.6.2022

Date

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