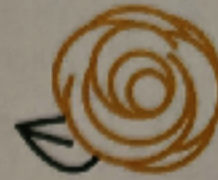




**Notice of Intent
to Participate in Portland's
Small Donor Elections Program**



**SMALL
DONOR
ELECTIONS
PORTLAND**

| | |
|--|---|
| CANDIDATE INFORMATION | 1 Name: <u>Thomas Shervey</u> Phone: <u>503-528-4553</u> Email: <u>Tomasshervey@gmail.com</u> Office Sought: <input type="checkbox"/> Mayor <input type="checkbox"/> Auditor <input checked="" type="checkbox"/> Council District 1 <input type="checkbox"/> Council District 2 <input type="checkbox"/> Council District 3 <input type="checkbox"/> Council District 4 |
| CAMPAIGN INFORMATION | 2 Treasurer Name: <u>Julie Shervey</u> Treasurer Phone: <u>971-221-2971</u> Campaign Address: <u>13420 SE Pine St. Portland, OR, 97233</u> Campaign Designee for Email Notifications: <u>Julie Shervey</u> Designee Email: <u>js1@comcast.net</u> |
| FILING TYPE | 3 <input type="checkbox"/> Original Filing <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Withdrawal from program |
| ACKNOWLEDGEMENTS Candidate must initial each to acknowledge. | 4 <u>TS</u> I understand that the campaign may not collect any matchable contributions until both I and the campaign treasurer have taken the mandatory training AND this form has been submitted – provided that the required attachments are submitted within seven calendar days of submitting this form. <u>TS</u> I understand that this form may be subject to public records requests and the City will publish my name on its website as having filed a Notice of Intent. <u>TS</u> I understand that if I have accepted contributions or made expenditures prohibited by the program, I have up to 30 days from the day I submit this form to remedy it or will be subject to denial of certification. <u>TS</u> I understand that, after filing this Notice of Intent, I must report all of my contributions and expenditures from the beginning of the election cycle through today and then must reporting future contributions and expenditures in accordance with the reporting timeline. |
| CANDIDATE SIGNATURE | 5 <u>[Signature]</u> <u>5/15/24</u> Candidate Signature Date |
| NOTICE OF REQUIRED ATTACHMENTS | 6 The following attachments are required (do not email attachments): <input type="checkbox"/> A completed ACH Vendor Payment Authorization Agreement <input type="checkbox"/> A completed federal W-9 form <input type="checkbox"/> A voided check from the campaign account |
| HOW TO FILE THIS FORM – 3 OPTIONS | 7 Option 1: Email only the form to SmallDonorElections@portlandoregon.gov and, within 7 calendar days, submit the required attachments via the <u>secure link we will email you. Do not email attachments; they contain financially sensitive information.</u> Option 2: Mail form and attachments to Small Donor Elections, 1120 SW 5 th Ave, Suite 901, Portland, OR 97204. Option 3: Drop off form and attachments to 1120 SW 5 th Ave during City business hours and tell the front desk it is for the Small Donor Elections program. |