

# Measure Argument for County Voters' Pamphlet

**Important! Please read all instructions before completing this form.** This form is to be used when filing a 'Measure Argument for County Voters' Pamphlet' with your County Elections office. Please note that each county produces a separate County Voters' Pamphlet. If the jurisdiction or district is located in more than one county a separate 'Measure Argument for Voters' Pamphlet' form must be filed and the fee paid to each county where the argument is to be printed.

## Filing Information

Election:  Primary 20\_\_\_\_  General 20\_\_\_\_  Special\_\_\_\_\_

Measure # \_\_\_\_\_  Original Statement  Amended Statement

Argument in Favor  Argument in Opposition

"This information furnished by" (as it should appear in the Voters' Pamphlet):

## Argument paid for by:

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of person or organization paying for argument

Phone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

## Contact information for authorized changes:

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of person authorized to make changes to Argument

Phone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

## Filer checklist for Measure Argument for County Voters' Pamphlet (VP).

- Typewritten & signed Measure Argument form and Argument for County VP.
- Fee or certified petition provided.
- (If applicable) Endorsement Statement #: \_\_\_\_\_.
- Word Count (325 MAX).

**By signing this document, I (we) hereby state I (we) am (are) responsible for the content of this argument. ORS 251.415**

Printed name of person furnishing argument	Signature of person furnishing argument	Date
Printed name of person furnishing argument	Signature of person furnishing argument	Date
Printed name of person furnishing argument	Signature of person furnishing argument	Date

Organization name person(s) is(are) authorized to represent, if applicable: \_\_\_\_\_

**Note:** If this argument is not being filed by a registered Oregon Political Committee, you may be required to register as a political committee with the Secretary of State. Refer to the Campaign Finance Manual for further details.

### For Office Use only:

<input type="radio"/> County: _____ <input type="radio"/> Cash-receipt #: _____ <input type="radio"/> Check #: _____ Amount \$ _____	Required Info? <input type="radio"/> Yes <input type="radio"/> No Signed? <input type="radio"/> Yes <input type="radio"/> No Endorsements? <input type="radio"/> Yes # _____ <input type="radio"/> No Intake Staff Initials: _____	Word Count (325 max): _____ Digital copy? <input type="radio"/> Yes <input type="radio"/> No Review Staff Initials: _____
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Measure #      -     

Maximum 325 words/numbers.

Empty area for writing the measure argument.