

PART I – POLITICAL CONSULTANT INFORMATION

Deborah Scroggin

FORM 2.14A POLITICAL CONSULTANT INDIVIDUAL REGISTRATION REPORT

INSTRUCTIONS: This form, which contains three (3) parts, must be filed <u>within 15 calendar days</u> after the political consultant provides political consulting services to a City of Portland elected official, successful candidate for elected City office, or either individual's campaign committee registered with the Secretary of State.

To complete the registration, sign and date the form and email via PDF to: Deborah.scroggin@portlandoregon.gov. If signed by electronic signature, press the **submit** button following part three to submit the form directly.

(City Code Sec. 2.14.030 A.1)				
Name: Hannah Howe	II			
Organization: N/A				
Email: hannah@novid	ckforporl	tand.org		
Telephone: (208) 521-4				
Address:				
Number	Street	City	State	Zip Code
PART II – POLITICAL CONSUL (City Code Sec. 2.14.030 A. 2) (City A. Complete this section to report committee receiving political cons	y Code Sec. 2.14 t on the City ele	4.030 A. 2) ected official, suc		
I am providing political consul successful candidate for City office Secretary of State.				
City Elected Official or Candidate	Control of the Contro			
May	Name	امسامهما	Title	
Or Campaign Committee: NOV	ick for P	ortiand		
Date Services Began: July 25	5, 2017			



Signature	Date Signed
Hannak hell	9/15/2016
By signing this document, I acknowledge and affithat penalties and costs may be imposed for pro	irm the statements made on this form. I understand viding false or misleading information.
	nisleading information on statements, including but not ure of services provided or the identity of clients to
under Portland City Code 2.14.	nicleading information on statements, including but not
	cal consulting services without reporting as required
The following is prohibited conduct under City Co	ode 2.14:
PART III – PROHIBITED CONDUCT AND D (City Code Sec. 2.14.070; 2.14.090)	ECLARATION
path committee or ever committee	
Measure Ballot Title Caption:	
Date Services Began:	
Address:	City State Zip Code
Lead Representative/Committee for Measure: _	
I am providing political consulting services in	
_	support of a City referred measure
Report the City-referred measure receiving politicommittee.	ical consultant services and if applicable, the affiliated
B. Complete this section <u>only</u> if one or more box	tes is checked in Part II A.
Date Services Began:	
Or Campaign Committee:	
Name	Title
City Elected Official or Candidate:	
I am providing political consulting services in City elected official, successful candidate, or cam	n support of a candidate's campaign to more than one apaign committee.