Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p. 503.986.1518 | 1.503.373.7414 | www.oregonvotes.org

Filing of Candidacy for Special District Nomination

SEL 190

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Candidate Information		Filtra Company			_
Candidate Name		Filing for Office of	118601	listairt	Dus
How Name Should Appear on Balloty		District, Position or Zone	Alumbor if and	licable	100
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Residence Address, Street/Route	up 10	TOSITION	7 1 1011	CUG	
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City	State	Zip Code Co	unty of Resider	1CE , {	
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Home Phone	Work Phone	Cel	Iular Phone	1-(-, 0-0)	``````````````````````````````````````
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Fax Email Address		Date of Election	A 1 1		
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Mailing Address where all correspondence	will be sent, Street/Rou	te			
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City	State	Zîp Code	(ma)	***************************************	
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Filing Information				-17	
Filing of candidacy by declaration, with th	e required \$10.00 fee.				
O Filing of candidacy by petition, with the re					
of the electors residing in the electoral dis		ever is less), certified by th	e.co.appropriate e E	ounty elections of	nciais.
Required Information (if no relevant information			Ö	$\ddot{\tilde{\omega}}$	
Occupation present employment – paid or u	Inpaid - Control C	main A. A.	Andre	n Olsur	\mathcal{O}
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Occupational Background previous employ OLIGEN FORSH FANNS	Them - paid or unpaid	morar / Brox	00 1001	SUS	
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Educational Background schools attended,	use attachment if neede	d			
Complete Name of School no acronyms	Last Grade Level	Diploma/Degree/Cert		Course of Study	у
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Prior Governmental Experience	elected or appointed		_ ^ ^ \	000-01	7000
Prior Governmental Experience	milla Cor	bett	SChool	DOMCT	2008 - Preser
By signing this document, I he	rehv state:				
→ that I will qualify for said office	e if elected				
that all information provided be and prior governmental exper				d occupational backgrou	ınd,
Check the applicable box:		·	•		
By marking this box, I certify or receive more than \$750 du	do not have an existing car	ndidate's com	nmittee and I do no	t expect to spend more	than \$750
if total contributions or total e Campaign Finance Manual.	xpenditures exceed \$750 de	uring a calend	dar year, I must foll	ow the requirements de	tailed in the
☐ By marking this box, I certify t	that I have already filed or w	vill soon file a	Statement of Orga	anization for Candidate (Committee
(SEL 220). For detailed instruc	tions, see the <i>Campaign Fi</i>	nance Manua	a <i>l</i> .		
-44					
				, ,	•
				3/17/11	
				Date Signed	
U					
This information is a matter	of public record and ma	ay be publis	hed or reproduc	ed.	
Warning					
Supplying false information up to 5 years. (ORS 260.71)	n on this form may result in c 5) No person may be a candi the district. No person may b	idate for more	e than one district o	ffice, unless the district	has less than
at the same election. (One	249.013].			•	
For Office Use Only	• .				
Initials	Cash or Check	Number		Candidate ID Number	
Receipt Number	Office Number				
And the second of the second o	CONTRACTION INC.				

Required Information (if no relevant information, list "none")