## **Filing of Candidacy for Nonpartisan Nomination**

SEL 120 10V 02/11i OR\$ 249.031

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Filing Information  Secretary of State of Oregon  City Recorder (Auditor), City of		● County Elections Official of Multnomah County					
Candidate and P	arty Information						
© Incumbent for	Office of Judge						
Candidate Name			Filing for Office	of			
Diane McKeel			Multnomah County Commissioner				
How Name Shou	ild Appear on Ballot		District or Position Number				
Diane McKe	eel		District 4				
Residence Addre 4350 SE O							
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	County of Reside	nce		
Gresham		OR	97080	Multnomah			
Home Phone		Work Phone		Cellular Phone			
503-663-38	29	503-988-52	:13				
Fax	Email Address		Website	_			
503-666-0529	diane@vote	mckeel.com	www.voten	nckeel.com	ckeel.com		
Mailing Address v P.O. Box 20	where all correspondend 144	ce will be sent, <b>Street/</b>	Route				
City		State	Zip Code				
Fairview		OR	97024				
Fairview Filing Type							
Filling Type	acy by Declaration, with	OR	97024				
Filing Type	acy by Declaration, with	OR	97024 e (ORS 249,056)	Filing Fee State Voters' Pamphlet (ORS 251.095)	Petition Signatures Required		
Filing Type  Filing of Candid		OR  the Required Filing Fe Filing of Candidacy	97024 e (ORS 249,056)	Voters' Pamphiet	_		
Filing Type Filing of Candid Filing Fees: Statewide Office Circuit Court Jude	s	OR  the Required Filing Fe Filing of Candidacy (ORS 249.056)  \$100 \$50	97024 e (ORS 249,056)	Voters' Pamphlet (ORS 251,095) \$3000 or \$600 or	Required 500 300		
Filing Type Filing of Candid Filing Fees: Statewide Office Circuit Court Jud. District Attorney	s	OR  the Required Filing Fe Filing of Candidacy (ORS 249.056)  \$100 \$50 \$50	97024 e (ORS 249,056)	Voters' Pamphlet (ORS 251.095) \$3000 or \$600 or \$600 or	Required  500 300 300		
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Filing Type  Filing of Candid Filing Fees:  Statewide Office Circuit Court Judy District Attorney County Judge MSD Executive CMSD Councilor County Office City Office Justice of the Perfor cities with a poly Filing of candidate circulators will compare the process of the Performance of the Performa	s ge  Officer, MSD Auditor  ace pulation of 50,000 or more (O acy by prospective petion will not be paid (SEL 3 acy by completed petitils (ORS 249.020, 249.06) Primary Election May 1	OR  the Required Filing Fe Filing of Candidacy (ORS 249.056)  \$100 \$50 \$50 \$50 \$100 \$25 \$50 set by charter or ordin/a  RS 251.005)  tion, with the required p 301) (ORS 249.020)  on, with the required si 64)  8, 2010 and General Ele	97024 e (ORS 249.056) r by Declaration  inance proposed signature sh	Voters' Pamphlet (ORS 251.095)  \$3000	### Required    500		
Filing Type  Filing of Candid Filing Fees:  Statewide Office Circuit Court Judy District Attorney County Judge MSD Executive CMSD Councilor County Office City Office Justice of the Performance of the Performance of County Office Justice of the Performance of County Office Justice of the Performance of County Office Justice of the Performance of County Office Office See See See See See See See See See S	s ge  Officer, MSD Auditor  ace pulation of 50,000 or more (0 acy by prospective petion will not be paid (SEL 3 acy by completed petiti as (ORS 249.020, 249.06) Primary Election May 1 Filing for Candidacy	or the Required Filing Fe Filing of Candidacy (ORS 249.056)  \$100 \$50 \$50 \$50 \$100 \$25 \$50 set by charter or ordin/a RS 251.005)  tion, with the required part of the second of the seco	97024 e (ORS 249.056) p by Declaration  inance proposed signature shipmature sheets certificate to the section November 2, 20 ate Voters' Pamphlet or 10, 2009	Voters' Pamphlet (ORS 251.095)  \$3000	### Required    500		

Occupational Background previous employ Executive Director, West Columb	ia Gorge Chamber		
Dental Hygienist, Michael L McKe Adult Basic Education Tutor, Mt l Research Assistant, Oregon Hea	Hood Community Col		
Educational Background schools attended, Complete Name of School no acronyms	use attachment if needed  Last Grade Level  Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Yamhill Carlton High School	12	Diploma	
University of Oregon		BS	Health Education
Oregon Health and Sciences University		RDH Certificate	Dental Hygiene
Other:			
Prior Governmental Experience elected or	er, District 4 nty Library Advisory E	3oard	
Prior Governmental Experience elected or Multnomah County Commissione Board Member, Multnomah Cour Barlow High School Parent Advis City of Troutdale Centennial Com	er, District 4 hty Library Advisory E sory Committee hmittee		
Prior Governmental Experience elected or Multnomah County Commissione Board Member, Multnomah Cour Barlow High School Parent Advis City of Troutdale Centennial Com Troutdale Library Site Committee By signing this document, I hereby state:  → that I will accept the nomination for office that I will qualify for said office if elected	er, District 4 hty Library Advisory E cory Committee hmittee e, Chairperson, Multn e indicated hs form, including my occup	omah County ation, educational and occupational b	ackground,
Prior Governmental Experience elected or Multnomah County Commissione Board Member, Multnomah Cour Barlow High School Parent Advis City of Troutdale Centennial Com Troutdale Library Site Committee By signing this document, I hereby state:  → that I will accept the nomination for office that I will qualify for said office if elected that all information provided by me on the and prior governmental experience, is true Check the applicable box (not applicable to	er, District 4 hty Library Advisory Every Committee hmittee e, Chairperson, Multn e indicated is form, including my occup he to the best of my knowle candidates for federal office he an existing candidate's collendar year. I understand I	omah County  ation, educational and occupational b dge e – US Senate and US Representative mmittee and I do not expect to spen must still keep records of all campaig	e); d more than \$750 gn transactions and
Prior Governmental Experience elected or Multnomah County Commissione Board Member, Multnomah Cour Barlow High School Parent Advis City of Troutdale Centennial Com Troutdale Library Site Committee By signing this document, I hereby state:  → that I will accept the nomination for office that I will qualify for said office if elected that all information provided by me on the and prior governmental experience, is true Check the applicable box (not applicable to I By marking this box, I certify I do not have or receive more than \$750 during each car if total contributions or total expenditures Campaign Finance Manual.	er, District 4 hty Library Advisory Esory Committee hmittee e, Chairperson, Multn e indicated is form, including my occup he to the best of my knowle candidates for federal office he an existing candidate's co- halendar year, I understand I he exceed \$750 during a cale helready filed or will soon file	omah County  ation, educational and occupational b dge e – US Senate and US Representative mmittee and I do not expect to spen must still keep records of all campaig ndar year, I must follow the requirem a Statement of Organization for Can	e); d more than \$750 gn transactions and lents detailed in the
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5 years. (ORS 260.715) A person may only file for one lucro from the first filing, **all** filings are invalid. (ORS 249.013(3))

For Office Use Only		
Initials	4033	N/9
Initials	Cash or Check Number	Candidate ID Number
22692	Multo	N/G
Receipt Number	Office Number	Candidate Committee ID Number