Filing of Candidacy for Nonpartisan Nomination

SEL 120

rev 02/11: OR\$ 249,031

Filing Information				•		
O Secretary of Sta	ate of Oregon & County Elections Official of My Lyonah County					
O City Recorder (A						
Candidate and Par	ty Information					
O Incumbent for C	Office of Judge					
Candidate Name			Filing for Office of			
6 and win Samuel Chase			Metro			
How Name Should Appear on Ballot			District or Position Number			
San Chase						
Residence Address		5/16				
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City	5 0 15	State OC	7210 Zip Code	County of Residence		
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503 810	1 Ucad	• Work Pilone		Cellular Phone	04504	
Fax	Email Address	**************************************	Website	> 7 81	0 750 (
		rse Quai	1	Camel	/ /ase -005	
Mailing Address w	here all correspondence				· · · · · · · · · · · · · · · · · · ·	
P0	Box 10	513				
City	1	State	Zip Code	7.7 (2)	Halling Mark Charles And Halling Co	
Portla	\sim	OLL.	7/	296		
Filing Type		* 4		100 1 3	<u>~</u>	
Filing of Candidad	cy by Declaration, with t	he Required Filing Fee (ORS 249.056)		gymmeth gy (1550 00) massaconh	
Filing Fees:		Filing of Candidacy by Declaration		Filing Fee State	Petition Signatures	
		(ORS 249.056)		Voters' Pamphiet (ORS 251.095)	Required	
Statewide Offices				(0110 201.000)	/****;	
Circuit Court Judge		\$100		\$3000 or	. 500	
,	;	\$50			500 300 III	
District Attorney	,	\$50 \$50		\$3000 or \$600 or \$600 or	300	
District Attorney County Judge		\$50 \$50 \$50		\$3000 or \$600 or \$600 or \$600 or	300 300	
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Required Information (if no relevant inform			
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Occupation present employment - paid or EXCOLIVE Occupational Background previous emplo Chich of Staff Commissioner Nicle	(- () Sh	1 (,) /	
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Educational Background schools attended	d, use attachment if neede	d	etronologi e modile alla membrane e e e maniera e e e maniera e e e e maniera que e e e e e e e e e e e e e e
Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Pitzer College	4 405	134	
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Other:	7/111 7/4/4 A 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		
Prior Governmental Experience elected of	rappointed / T	. 1	
chicf of Staff	, Nick t	ish	
Housing Polices Advi	sor, Gret	the Katory	
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.	e indicated his form, including my occu he to the best of my know	edge	
Check the applicable box (not applicable to By marking this box, I certify I do not have or receive more than \$750 during each confributions or total expenditures campaign Finance Manual.	ve an existing candidate's d alendar year. I understand s exceed \$750 during a cal	committee and I do not expect to spend I must still keep records of all campaig endar year, I must follow the requirem	d more than \$750 n transactions and ents detailed in the
By marking this box, I certify that I have a (SEL 220). For detailed instructions, see	already filed or will soon fil the <i>Campaign Finance Ma</i>	e a Statement of Organization for Cand nual.	didate Committee
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Canulares Signature		Date Signed	
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Warning			
Supplying false information on this for 5 years. (ORS 260,715) A person may from the first filing, all filings are invalid	only file for one lucrative of	of a felony with a fine of up to \$125,00 ffice at the same election. Unless the p	O and/or prison for up to verson has withdrawn
For Office Use Only			
(4)	796		
Initials 7.7.7.1	Cash or Check Number	Candidate ID Nu	ımber
Receipt Number	Office Number	Candidate Com	mittee ID Number