190 SEL **District Candidate Filing** O Amendment Original Candidate Name (As it should appear on ballot)* Mill Candidate Information Candidate Legal Name* ition (if applicable)* Miller District and/o Protection District homa Rural Fire lirectors Riverda Filing for Office of Board of 1 Position Residence Address, Street/Route Riverdale Rd County of Residence* 01734 S.N. Multnomah Zip* State* Fax Citv* **Cell Phone** Work Phone **Home** Phone 503-635-645 Date of Election* Man 21) Email Address miller thomas OD & comcast. net Mailing Address (where all correspondence will be sent) Street/Route 0 same as above Zip* State* * Indicates a required field. At least one phone number is also required. **City*** Filing Information 5 Filing with the required \$10.00 fee. O Filing by petition with the required signature sheets. Required Information (if no relevant information, list "none") Attorney U.S. DOE Bonnuille Power Admin. Portland, OR Occupational Background previous employment - paid or unpaid (required) Occupation present employment – paid or unpaid (required) Attorney for Metropolitan Survice District and Borneville Burn last 33 years. 33 years. Educational Background schools attended, use attachment if needed (required) Course of Study Diploma/Degree/Certificate optional Complete Name of School (no acronyms) Last Grade Level (AA, BA, BS, MA, PhD, etc) Partmonth College Portland state Northwestern University Dillamette University allege of Low **SEL 190** Other: (continued)

Required Information (if no relevant information, list "none" or "n/a") Prior Governmental Experience elected or appointed (required)

Riverdale Fire Board

By signing this document, I hereby certify that:

- → I will qualify for said office if elected.
- → All information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box (not applicable to candidates for federal office - US Senate and US Representative):

By marking this box, I certify I do not have an existing candidate committee and I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the 2012 Campaign Finance Manual.

By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the 2012 Campaign Finance Manual.

Warning

For Office Use Only

Initials

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Supplying false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715). No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013 and ORS 249.170).

Date Signed

Receipt

Cash, Check Number, or credit card approval #