District Candidate Filing

This information is a matter of public record and may be published or reproduced. O Original O Amendment **Candidate Information** Candidate Legal Name* Candidate Name (As it should appear on ballot)* 'nph/er $\partial \varphi_{i}$ Filing for Office of* District and/or position (if applicable)* 520 an/ **Residence Address, Street/Route** City* State* Zip⁼ County of Residence⁴ Work Phone Cell Phone **Home Phone** Fax 503 490 1070 Sam Email Address* Date of Election* tom K@Pacificethanol, net Mailing Address (where all correspondence will be sent) Street/Route* 20 SĒ Zip* City* State* * Indicates a required field. At least one phone number is also required. Filing Information k_{32} Q-Filing with the required \$10.00 fee. O Filing by petition with the required signature sheets. Required Information (if no relevant information, list "none"). Occupation present employment - paid or unpaid (required) SM(A) Ŋц 05 Kenewahle Advocate INDS WPIS Occupational Background previous employment - paid or unpaid (required) $i \rightarrow$ Former City Council - corvallis oregon community organizor - Nichbouto Nioghbor -Chinook Book Co-Founder Pacif VILO President Public Policy -Educational Background schools attended, use attachment if needed (required) Complete Name of School (no acronyms) Last Grade Level Diploma/Degree/Certificate **Course of Study** Completed (AA, BA, BS, MA, PhD, etc) optional 入れびょぐらり CONOMI Other:

SEL 190

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

City Councilor - corvallis Olegon

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

and states as the constraints

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



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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 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).

Candidate's Signature

Date Signed

Initials //		e selle p	Cash, Check Number, or credit card approval #
Qu	SP-		1591

Receipt #