Candidate Filing

State Voters' Pamphlet

**Filing Dates** 

**SEL 101** 

rev 9/13 ORS 249.031

Candidate Withdrawal

Primary Election May 20, 2014			Filed electronically usin	ig ORESTAR				
First Day to File Last Day to File	September March 11,		January 20, 2014 March 13, 2014		March 1	14, 2014		
General Election November 4, 2	014							
First Day to File	June 4, 20		July 7, 2014					
Last Day to File August 26, 2014		August 26, 2014		August 29, 2014				
All information must be con	-	<del>-</del>						
This filing is an	<b>■</b> Orig	ginal		☐ Amendment				
Filing Officer								
☐ Secretary of State	■ Coi	unty Elections	Official	☐ City Record	er (Audito	or)		
Candidate Information								
Name of Candidate					<del></del>			
First	MI	Last	<del>- , ,,,,,</del>		Suffix	Title		
Shirley	R	Craddi	ck	,		<b>,</b>		
How you would like your name t	o appear on the ba	allot						
First	MI	Last			Suffix			
Shirley	R	R Craddick						
Candidate Residence/Route Add	iress							
Street Address			City		State	Zip		
4275 SE Augusta Loop	<b>o</b>		Gresham		OR	97080		
Candidate Mailing Address								
Street Address or PO Box			City	1	State	Zip		
4275 SE Augusta Loop	)		Gresham		OR	97080		
Contact Information: Only one	phone number is re	equired.						
Work Phone	Home Phone		Cell Phone	Fax				
503-799-2105	503-666-168	57	503-799-2105					
Email Address			Web Site, if applicable					
shirley_craddick@msn	.com				<del></del>			
Paying by Declaration or Pet	ition:							
■ Declaration, with the required fe	ee							
Office	Filing Fee	Office		Filing	Fee			
United States President	n/a	District Attor	mey	່ \$50				
United States Vice President	n/a	County Judg		\$50				
United States Senator	\$150 \$100	MSD Execu	tive Officer, MAD Directo					
United States Representative Statewide Offices	\$100 \$100	County Office		\$25 \$50				
State senator or Representative	\$25	City Office		•	v charter o	r ordinance		
Circuit Court Judge	\$50	Justice of th	e Peace	n/a				
☐ Prospective Petition			Petition circulators w	rill be paid f	☐ Yes [	1 No		
				. ,				

Office Information					
Filing for Office of: Metro Cou	ıncil				
District, Position or County: #				<del></del>	
Party Affiliation:	☐ Democrat	ic Party 🔲 Re	publican Party	■ Nonpa	ırtisan
Incumbent Judge:	☐ Yes	□No			sclosure on file
Occupation (present emp Metro Council	loyment) If no re	levant experience, Non	e or NA must be e	ntered.	
Occupational Background Health Research, Kaiser Pe	•		experience, None	or NA must b	e entered.
Educational Background Complete name of School (no	•	ed) if no relevant experi	ence, None or NA   Diploma/Degree		ered.
Oregon State University	autonymoj	Lust Grazo Completed	BS	- Oranouto	Nutrition
Iniversity of Southern Califo			MHA	• • • • • • • • • • • • • • • • • • • •	Public Administration
Throad, or Courtern Come			1,110		7 30.00 7 30.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.
Educational Background (othe	r)				
					<u> </u>
Campaign Finance Inform	ation (not applic	cable to candidates fo	r federal office)	·-···	
Candidate Committee					
<ul> <li>■ Yes, I have a candidate color</li> <li>No, I do not expect to spen records of all campaign transther requirements detailed in No, but will be filing a State</li> <li>signing this document, I heretown I will accept the nomination I will qualify for said officing all information provided I</li> </ul>	d more than \$750 on sactions and if total the Campaign Final ment of Organization of the office indicated on for the office indicated on the on this form is	I contributions or total exp ance Manual. on for Candidate (SEL 220 icated above s true to the best of my kn	enditures exceed \$7 ).  owledge and	750 during a ca	lendar year, I must follow
For Major Political Party Ca	-	the number of signatures	optained by the circ	allator on a pro	specuve peution
→ I have been a member o	f said political party,	ation or endorsement of ar , subject to the exceptions or declaration of candidacy	stated in ORS 249.0		
to 5 years. (ORS 26	0.715). A person ma	may result in conviction o ay only file for one lucrativ ithdrawn from the first filin	e office or not more t	than one precir	nct committee person at t
					9/12/13
andidate's Signature		<del></del>			

For Office Use Only Initials \_\_\_\_\_\_ Batch Sheet/CC Approval Code/Receipt Number \_\_\_\_\_