

Filing of Candidacy for Special District Nomination

SEL 190

rev 01/10: ORS 255.235

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Candidate Information

Candidate Name <i>MIKE DELMAN</i>		Filing for Office of <i>MESO</i>	
How Name Should Appear on Ballot <i>MIKE DELMAN</i>		District, Position or Zone Number if applicable <i>AT-LARGE POSITION 6</i>	
Residence Address, Street/Route <i>3963 56 ASH ST</i>			
City <i>PORT</i>	State <i>OR</i>	Zip Code <i>97214</i>	County of Residence <i>MULT</i>
Home Phone <i>503 239-5373</i>	Work Phone	Cellular Phone <i>503 710-8286</i>	
Fax	Email Address <i>mdelman97214@yahoo.com</i>	Date of Election <i>5/17/11</i>	
Mailing Address where all correspondence will be sent, Street/Route <i>SAME</i>			
City	State	Zip Code	

Filing Information

- Filing of candidacy by declaration, with the required \$10.00 fee.
- Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

Required Information (if no relevant information, list "none")

Occupation present employment – paid or unpaid
DIRECTOR MULTNOMAH EDUCATION SERVICES DISTRICT

Occupational Background previous employment – paid or unpaid
*PUBLIC AFFAIRS DIRECTOR PORTLAND HABILITATION CENTER NW
LEGISLATIVE COORDINATOR REP. GARY HANSEN
INTGO-GOVERNMENTAL AFFAIRS STAFF MULT. COUNTY SHORICE
STRATEGIC PLANNER MULTNOMAH COUNTY AGING & ACCESSIBILITY DEPARTMENT
CHIEF OF STAFF MULTNOMAH COUNTY COMMISSIONER DIST. 2*

Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
<i>UNIV OF WASHINGTON</i>		<i>B.A.</i>	
Other:			

Required Information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed

MULTNOMAH COUNTY DISTRICT ATTORNEY CITIZEN BUDGET ADVISORY COMMITTEE
ARCHIVEAS MOVEMENT CITIZEN LEADERSHIP COUNCIL
PORTLAND CITIZENS DISABILITY ADVISORY COMMITTEE

By signing this document, I hereby state:

- that I will qualify for said office if elected
- that 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:

- By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the 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 Campaign Finance Manual.

[Redacted Signature]

2/7/11

Candidate's Signature

Date Signed

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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).

TIM SCOTT
 DIRECTOR OF ELECTIONS
 2011 FEB -7 PM 12:59

For Office Use Only

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Initials

Cash or Check Number

Candidate ID Number

22486

Receipt Number

Office Number