Major Political Party or Nonpartisan

rev 09/19 ORS 249.031

Filing Dates	생기의 기계를	机机图码	Candidate F	iling	Candidate W	ithdrawal			
Primary Election May 19, 2020	First Day to File Last Day to File		September 12, 2019 March 10, 2020		March 13, 2020				
General Election	First Day to File		June 3, 2020						
November 3, 2020	Last Day to File		August 25, 2020		August 28, 2020				
Filing Information									
This filing is an	Original		Amendmo	ent					
Office Information									
Filing for Office of: Metro Council									
District, Position or County: District 3									
Party Affiliation:		Democratic Party		Republican Party Nonpartisan		partisan			
Incumbent Judge (for judicial car	ndidates onlý):	Yes		No	☐ Non	disclosure on file			
Filing Method									
Fee	<u></u>	<u> Thirty and a section of the control of the contro</u>	Mariana da Maria			30.0 ME 4 1 200 C 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1			
Office	Filing Fee		Office		Filing Fee				
United States President	n/a		District Attorney \$50		\$50				
United States Vice President	n/a ć150		County Judge \$50						
United States Senator United States Representative	\$150 \$100		MSD Executive Officer, MAD Director \$100 MSD Councilor \$25						
Statewide Offices	\$100	•		\$50					
State senator or Representative	\$25		City Office		Set by charter	Set by charter or ordinance			
Circuit Court Judge	\$50		Justice of the P	eace	n/a	·			
Prospective Petition, in lieu of filing fee			Some circulators may be paid Yes No						
Candidate Information									
Name of Candidate						- 			
First	MI	Last			Suffix	Title			
Patricia	Α	Kepler	•						
How you would like your name to appear on the ballot									
Patricia A Kepler									
Candidate Residence / Route Ad	ldress				7	\sim			
Street Address		City		State	Zip 🗟	Genty			
5850 SW 177th Ave	•	Aloha		OR	97007 📆	washiington			
Candidate Mailing Address and Contact Information Only one phone number and an email is required.									
Street Address or PO Box	,	City		State	Zip 🚞				
5850 SW 177th Ave		Aloha		OR	97007				
Work Phone	Home Phone 5036495086		Cell Phone F		Fax	35			
Email Address			Web Site, if a	pplicable					
pkepler@gmail.com				· •					
Race and Ethnicity Optional									
						· .			

Occupation (present employment) If not employed, enter "Not Employed".

Accessibility Specialist, Portland Community College

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Independent Living Specialist/ Social Security Specialist, Independent Living Resources

Educational Background (schools attended)

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Warner Pacific University	Graduate School	MA	Management & Organization
Warner Pacific University	Undergraduate	ВА	Business Administration

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

Commissioner: Oregon Commission For The Blind Commissioner: Oregon Disabilities Commission Co-Chair: Metro Committee On Racial Equity

Campaign Finance Information Not applicable to candidates for federal office.

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).

If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.

See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

Candidate Attestation

By signing this document, I hereby state that:

- → I will accept the nomination for the office indicated above;
- → I will qualify for said office if elected;
- → All information provided by me on this form is true to the best of my knowledge; and
- → No circulators will be compensated based on the number of signatures obtained by the circulator on a prospective petition

For Major Political Party Candidates

- → if not nominated, I will not accept the nomination or endorsement of any political party other than the one named
- → I have been a member of said political party, subject to the exceptions stated in ORS 249.046, for at least 180 days before the deadline for filing a nominating petition or declaration of candidacy (ORS 249.031). Does not apply to candidates filing for the office of US President.



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). A person may only file for one lucrative office or not more than one precinct committee person at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

-M

Candidate Signature

2/2//2020

Date

For Office User Only

Initials H

Batch Sheet/CC Approval Code/Receipt Number

24336