rev 01/16 ORS 255.235

All information must be co	mpleted or the form	will be rejecte	d.			
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Office Information						
Filing for Office of:		<u> </u>	·			
District, Position or County: Ce	entennial Direc	tor Zone	<del>\$</del> 3			N
Filing Information						
Filing with the required \$10.	.00 fee				. —	<del> </del>
Prospective Petition						NONTHIN CARLENGANA CHOCAN CARNO C
Candidate Information  Name of Candidate		1 - <del>1</del> 2	100 mm	75 (75 (75 (75 (75 (75 (75 (75 (75 (75 (		<u></u>
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How you would like your name	to appear on the bal	lot				
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Candidate Residence/Route Ad	ldress		<u> </u>		l	
Street Address 4170 SW Eastwood	Avenue		Gresham		State OR	<sup>Zip</sup> 97080
Candidate Malling Address and	Contact Information	Only one pho	ne number is required.			
Street Address or PO Box 4170 SW Eastwoo	d Avenue		<sup>City</sup> Gresham		State OR	zip 97080
Work Phone	Home Phone		Cell Phone (503)421-4549	Fax		
Email Address jmarq1217@hotmail.co	om		Web Site, if applicable			
Occupation (present employme	ent) If no relevant exp	erience, None	or NA must be entered.		ili duse filosofi El polición de la	
Senior Revenue Auditor,	City of Portland,	OR				
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Occupational Background (prev	vious employment) if	no relevant ex	perjence, None or NA must b	é entered.	밁	
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By signing this document, I hereby state that:	date Committee (SE	EL 220).	
By signing this document, I hereby state that:			
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→ I will qualify for said office if elected			
→ all information provided by me on this form is true	to the best of my ki	nowledge	
Warning the first till the first that the	Fightishedt - Griffigungsj		n kolon kilinde undağılık asıl
Supplying false information on this form may result.	n conviction of a fel	lony with a fine of unito	\$125,000 and/or prison for
up to 5 years. (ORS 260,715). A person may only file			
(ORS 249.013 and ORS 249.170)			
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Rhonda Etherey			alada d
Candidate's Signature			2/23/2017