Candidate Filing

Major Political Party or Nonpartisan

rev 01/18 ORS 249.031

Filing Dates			Candidate	e Fili	ng	State Vote	rs' Pamphlet	Ca	andid	ate W	ithdrawal
Primary Election May 15, 2018	First Day to Last Day to	•		-		January 15, 2018 March 8, 2018		 M	March 9, 2018		
General Election November 6, 2018	First Day to Last Day to	•			·	July 9, 2018 August 28, 2018		 Aı	August 31, 2018		
Filing Information											
This filing is an		Origi	inal		-	Amendr	nent				<u>-</u>
Filing Officer		Secr	etary of St	ate		County	Elections Official		City	Record	der (Auditor)
Office Information	ľ .										·
Filing for Office of: MULTNOMAH COUNTY CHAIR											
District, Position or County: MULTNOMAH COUNTY											
Party Affiliation:		emocratic	: Party		Republic	an Party	Independe	nt Party	<u></u> _	Non	partisan
Incumbent Judge (fo	r judicial can	didates o	nly):		Yes		ΩNο			Non	disclosure on file
Filing Method											
Fee					•••			_			
Office Filing Fee United States President n/a United States Vice President n/a United States Senator \$150 United States Representative \$100 Statewide Offices \$100 State senator or Representative \$25 Circuit Court Judge \$50						Office Filing Fee District Attorney \$50 County Judge \$50 MSD Executive Officer, MAD Director \$100 MSD Councilor \$25 County Office \$50 City Office Set by charter or ordinance In/a					
Prospective Petition, in lieu of filing fee						Some circulators may be paid Yes No					
Candidate Informa	ition					· .			<u> </u>	-0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Candidate			1						<u> </u>	=	· · · · · · · · · · · · · · · · · · ·
First DEBORAH			МІ	La: H	st ARRIS				Mix 完芸 C	HAR -	河 itle 山 〇
How you would like	your name t	o appear	on the bal	llot			•		TI (C)	0	<u> </u>
				D	. BORA	HARRIS				PM	₩
Candidate Residence	/ Route Ad	dress		_						τ. 	Ü.
Street Address				Cit	:у		State	Z	<u> </u>	8	County≅
3335 NE 54TH	AVE			P	ORTLA	ND	OR	9	7213	3	MULTNOMAH
Candidate Mailing Address and Contact Information Only one phone number is required.											
Street Address or PO	Вох			Cit	Ţ		State	Zi	p		
PO BOX 13302				P	ORTLA	ND	OR	9	7213	3-030	02
Work Phone 503-936-8020		Home Pl	none			Cell Phone		Fa	ıx		
Email Address Borahbora@ac	ol.com					Web Site, if	applicable				

Occupation (present employment) If no re	levant experience, None or NA mus	st be entered.				
President - D Harris Leadership	Institute LLC; " Move E	Beyond Your Walls LLC"	; Diversity Consultant			
Occupational Background (previous emplo	Dyment) If no relevant experience	, None or NA must be entered.				
Business Specialist; Diversity Consul Equity and Inclusion Council - State						
Educational Background (schools attended	d) If no relevant experience, None	or NA must be entered.				
Complete name of School (no acronyms)	mplete name of School (no acronyms) Last Grade completed Diploma/Degree/Certifi					
University of Arkansas	16	Bachelor of Arts	English; Speech			
Portland State University	18	Master	Public Administration			
Educational Background (other) Attach a se Chemeketa Community College Busi		- Business Development; f	Varketing			
Prior Governmental Experience (elected o	r appointed) If no relevant exper	ience. None or NA must be entere	d.			
Elected Precinct Committeeperson; Central Com Crime and Law Enforcement; Democratic Wome Former U S District Court Judge The Honorable (n of Dekalb County Georgia (DWD					
Campaign Finance Information Not appl		ice.				
Candidate Committee This section should no	t be amended at a later date.					
Yes, I have a candidate committee. No, I do not expect to spend or receive mor related costs, such as the candidate filing fee expenditure totals. I understand I must still I during a calendar year, I must follow the req	e; however state voters' pamphlet keep records of all campaign transa uirements detailed in the Campaig	filing fees are not included when c actions and if total contributions or n Finance Manual.	alculating contribution or rotal expenditures exceed \$750			
No, but will be filing a Statement of Organiz	ation for Candidate Committee (SE	EL 220).				
Candidate Attestation						
By signing this document, I hereby state that: → I will accept the nomination for the office in → I will qualify for said office if elected; → All information provided by me on this form → No circulators will be compensated based of For Major Political Party Candidates → if not nominated, I will not accept the nomin → I have been a member of said political party nominating petition or declaration of candid	is true to the best of my knowledge the number of signatures obtained nation or endorsement of any polit , subject to the exceptions stated in	ed by the circulator on a prospectivical party other than the one name nor ORS 249.046, for at least 180 day	ed ys before the deadline for filing a			
Warning Supplying false information on this form (ORS 269,715). A person may only file for the person has withdrawn from the first	r one lucrative office or not more t	than one precinct committee perso				
Signature		March	06, 2018			
Candidate Signature	· · ·	Date				
						

