

# Candidate Filing

SEP - 7 2017

SEL 101

Major Political Party or Nonpartisan

rev 09/15  
ORS 249.031

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 TIM COTT  
 DIRECTOR OF ELECTIONS

Filing Dates	Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
<b>Primary Election May 17, 2016</b> First Day to File Last Day to File	September 10, 2015 March 08, 2016	Filed electronically using ORESTAR January 18, 2016 March 10, 2016	March 1, 2016
<b>General Election November 8, 2016</b> First Day to File Last Day to File	June 1, 2016 August 30, 2016	July 11, 2016 August 30, 2016	September 2, 2016

**i** All information must be completed or the form will be rejected.

This filing is an  Original  Amendment

**Filing Officer**

Secretary of State  County Elections Official  City Recorder (Auditor)

**Office Information**

Filing for Office of: District 2 Commissioner  
 District, Position or County: Multnomah  
 Party Affiliation:  Democratic Party  Republican Party  Independent Party  Nonpartisan  
 Incumbent Judge:  Yes  No  Nondisclosure on file

**Paying by Declaration or Petition:**

Declaration, with the required fee

Office	Filing Fee	Office	Filing Fee
United States President	n/a	District Attorney	\$50
United States Vice President	n/a	County Judge	\$50
United States Senator	\$150	MSD Executive Officer, MAD Director	\$100
United States Representative	\$100	MSD Councilor	\$25
Statewide Offices	\$100	County Office	\$50
State senator or Representative	\$25	City Office	Set by charter or ordinance
Circuit Court Judge	\$50	Justice of the Peace	n/a

Prospective Petition  Petition circulators will be paid  Yes  No

**Candidate Information**

Name of Candidate

First	MI	Last	Suffix	Title
Mania		Garcia		

**How you would like your name to appear on the ballot**

Mania Garcia

**Candidate Residence/Route Address**

Street Address	City	State	Zip	County
<u>1425 NE 7th Ave #220</u>	<u>Portland</u>	<u>OR</u>	<u>97201</u>	<u>Multnomah</u>

**Candidate Mailing Address**

Street Address or PO Box	City	State	Zip
<u>PO Box 42307</u>	<u>Portland</u>	<u>OR</u>	<u>97242</u>

**Contact Information:** Only one phone number is required.

Work Phone (503) 724 3174	Home Phone -	Cell Phone (760) 574 3881	Fax
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Email Address contact @mariaformultnomah.com	Web Site, if applicable mariaformultnomah.com
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**Occupation (present employment)** If no relevant experience, None or NA must be entered.

Business Owner (Portland)  
Co chair of New Portlanders Policy Commission

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

Mexican Government employee at the Mexican Consulate in Portland, OR  
Orthopedic Massage therapist

**Educational Background (schools attended)** If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
College of the Desert, CA	English / Italian	Certificate	English / Italian
Portland Community College SE	GED	Certificate	GED
Smarttherapy Massage Therapy School	Massage Therapist	Certificate	
Petroleros Mexicanos Preparatoria	High school	Certificate	Mexico / Diploma
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.

Mexican Consulate employee, working directly with Mexicans living abroad, including indigenous communities in Oregon.

**Campaign Finance Information (not applicable to candidates for federal office)**

**Candidate Committee**

Yes, I have a candidate committee.

No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.

No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

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)

Signature redacted.

DIRECTOR OF ELECTIONS  
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Candidate's Signature \_\_\_\_\_ Date Signed 09/11/17

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