Candidate Filing

Major Political Party or Nonpartisan

SEL 101

rev 09/15 ORS 249.031

					010 245,051			
Filing Dates	Candidat	e Filing						
Primary Election May 17, 2016								
First Day to File Last Day to File	Septembe March 08,	r 10, 2015 2016						
General Election November 8, 2016	i			· .	5. 1			
First Day to File Last Day to File	June 1, 20 August 30							
All information must be comple	eted or the form	n will be rejected	· · ·					
This filing is an	🔳 Ori	-		Amendment				
Filing Officer								
Secretary of State	Co	unty Elections O	fficial	City Recorder	(Auditor)			
Office Information					$\left\{ \begin{array}{c} 1 & M \\ 1 & M \\ 2 & $			
Filing for Office of: Metro Council	or	_						
District, Position or County: District 5	5							
Party Affiliation: Democratic	Party 🗌 R	epublican Party	Independent P	arty 🔳 Nonpa	rtisan			
Incumbent Judge:] Yes		No	🛄 Nondiscle	osure on file			
Paying by Declaration or Petitio	n:							
Declaration, with the required fee								
Office ,	Filing Fee	Office		Filing Fe	90			
United States President	n/a	District Attorne	У	່ \$50				
United States Vice President United States Senator	n/a	County Judge MSD Executive	06	\$50				
United States Representative	\$150 \$100	Metro Councilo		\$100 \$25	н. -			
Statewide Offices	\$100		unty Commissioner	\$50				
State senator or Representative	\$25	City Office		Set by charter or ordinance				
Circuit Court Judge	\$50	Justice of the F	Peace	n/a				
		P	etition circulators will b	e paid 🛛 🗌 Yes	5 🗌 No			
Candidate Information								
Name of Candidate								
First	MI	Last		Si	ıffix Title			
Goodwin	S	Chase						
How you would like your name to ap	opear on the ba	allot			elando o transferencia en la seconda en En la seconda en la seconda			
Sam Chase					·			
Candidate Residence/Route Addres	S							
Street Address	City		State	Zip	County			
3708 N Michigan	Portl	and	OR	97227	Multnomah			
Candidate Mailing Address								
Street Address or PO Box	City		State	Zip				
PO. Box 10513	Portl	and	OR	97296				

Work Phone	Home Phone	Ð	Cell Ph		Fax			
			503-	810-4504				
Email Address			Web S	ite, if applicable				
gsamchase@	gmail.com							
Occupation (presen	t employment) If no r	elevant experier	nce, None	or NA must be er	ntered.	•		
Aetro Councilor		` '						_
								_
Occupational Backg	round (previous em	ployment) If no	relevant e	xperience, None	or NA must t	e enterec	.	
	ecutive Director, C ork; Director, Clack ernor.							
Educational Backgr	ound (schools attend	ded) If no releva	int experie	nce, None or NA	must be ente	ered.		
Complete name of Scho		Last Grade co	ompleted	Diploma/Degree/	Certificate	Course		
laremont Colleges (Pitz	er)		<u> </u>	B.A	. <u> </u>		Englis	h
<u>.</u>			_					
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Educational Backgroup	d (other) Attach a separa							
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