

# Candidate Filing

Major Political Party or Nonpartisan

**SEL 101**

rev 09/15  
ORS 249.031

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

District, Position or County: District 1

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 SHARON MI E Last MEIERAN Suffix DR. Title DR.

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

SHARON MEIERAN

#### Candidate Residence/Route Address

Street Address 5739 SW Cheltenham Dr. City Portland State OR Zip 97239 County Multnomah

#### Candidate Mailing Address

Street Address or PO Box 5739 SW Cheltenham Dr. City Portland State OR Zip 97239 County Multnomah

RECEIVED  
 15 DEC 17 PM 2:25  
 T1M SECRET  
 DIRECTOR OF ELECTIONS  
 Multnomah

Contact Information: Only one phone number is required.

Work Phone

Home Phone

Cell Phone

Fax

(971) 322-8753

Email Address

Web Site, if applicable

Sharon@VoteSharon.com

www.VoteSharon.com

Occupation (present employment) If no relevant experience, None or NA must be entered.

Emergency physician, NW Kaiser Permanente

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

Emergency physician, Portland Adventist Medical Center  
medical Director, Oregon Foundation for Reproductive Health  
Brobeck, Phleger and Harrison (attorney)

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

UCSF Medical School

MD

Medicine

Hastings College of Law

J.D.

Law

UC Berkeley

BA's in English & Economics.

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.

Community Oversight Advisory Board (COAB)  
Prescription Drug Monitoring Program Advisory Commission

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

Candidate's Signature

12/17/15  
Date Signed

Office Use Only: Initials \_\_\_\_\_ Batch Sheet/CC Approval Code/Receipt Number \_\_\_\_\_