Candidate Filing
Major Political Party or Nonpartisan

SEL 101 rev 09/15

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ORS 249.031

Filing Dates	Candidate Filing	State Voters' Pamphle	Candidate Withdrawal.
Primary Election May 17, 2016		Flied electronically using	ORESTAR
First Day to File Last Day to File	September 10, 2015 March 08, 2016	January 18, 2016 March 10, 2016	March 11, 2016
General Election November 8, 2016		n an thair an an thair an thai	an a
First Day to File Last Day to File	June 1, 2016 August 30, 2016	July 11, 2016 August 30, 2016	September 2, 2016
All information must be completed	l or the form will be rejecte	ed.	
This filing is an	Original		Amendment
Filing Officer			
Secretary of State	County Elections	Official	City Recorder (Auditor)
Office Information	د المراجع المر المراجع المراجع المراجع المراجع المراجع		
Filing for Office of: Multhomah Cou	nty Commissioner		and the second second the second
District, Position or County District #1		· · · · · · · · · · · · · · · · · · ·	
Party Affiliation: Democratic Par	rty 🔲 Republican Party	Independent Par	ty 🔳 Nonpartisan
Incumbent Judge:	es	D No	Nondisclosure on file
Paying by Declaration or Petition:			a an
Declaration, with the required fee			
Office	iling Fee Office		Filing Fee
United States President	/a District Attor	ney	\$50
	a County Judg		\$50
	150 MSD Execut 100 MSD Counci	ive Officer, MAD Director	\$100 \$25 🖳
Statewide Offices \$	100 County Offic		\$50 RE <b>6</b>
	25 City Office	-	Set by charter or dinance
Circuit Court Judge \$	50 Justice of the		
Prospective Petition		Petition circulators will be	
Candidate Information			
Name of Candidate		的"你们还有这些事实"。	in a contract of the second
First	MI Last		Suffix 23 Title
Wesley	C Soderl	back	
How you would like your name to appe	ar on the ballot	<b>1</b> 200 - Alexandro Contra da Co Esta da Contra da Cont	nt Set an
Wes Soderback			n an an an Anglan an an ann an Anglan An Anglan an Anglan an Anglan an Anglan
Candidate Residence/Route Address			an tainin an
Street Address	City	State	Zip County
6920 NW Thompson Road	Portland	OR	97229-4215 Multnomah
Candidate Mailing Address			
Street Address or PO Box	City	State	Zip
6920 NW Thompson Road	Portland	C	97229-4215

Work Phone	Home Phone	Ceil Pl	none	Fax
503 292-6892	503 292-6892	2 N/A		N/A
Email Address		Web S	ite, if applicable	•••••• ••••••
hoodlandnlaza	a@hotmail.con	n eler	ctwes2016.co	m
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Systems Integrator/V	nployment) If no relevant	experience, None	or NA must be entered.	·
Systems integratory	AR			
Occupational Backgrou	und (previous employme	nt) If no relevant e	xoerience. None or NA r	nust be entered.
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	the second se	no relevant experie Grade completed	nce, None or NA must b   Diploma/Degree/Certifica	e entered ate Course of Study
Complete name of School ( Benson High School	no acronyms) Lasi	12th	Diploma	Architectual Drawing
Clark College		2 Terms		Education
Kildall's Nautical School (	G.I. Bill)		Licensed Deck Offic	сег
Portland State University			· · ·	Oregon State Governme
Educational Background (of	ther) Attach a separate sheet	if necessary.		
Prior Governmental Ex None	perience (elected or app	ointed) If no releva	ant experience, None or	NA must be entered.
None			· · · · · · · · · · · · · · · · · · ·	NA must be entered.
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