Filing of Candidacy for Special District Nomination

o This information is a matter of public record and may be published or reproduced. Candidate Information Filing for Office of Candidate Name Commissioner Carol Wright District, Position or Zone Number if applicable How Name Should Appear on Ballot CAROL ANN WRIGHT Residence Address, Street/Route 1735 FNGLEWOOD STREET County of Residence Zip Code **State** City MULTNOMAH : Cellular Phone 97034 OREGON LAKE OSWEGO Work Phone Home Phone . Date of Election Email Address Fax MAY 17, 2011 Mailing Address where all correspondence will be sent, Street/Route State Zip Code City Filing Information O Filing of candidacy by declaration, with the required \$10.00 fee. O Filing of candidacy by petition, with the required signature sheets pearing the signatures of at least 25 electors of at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials, Required Information (if no relevant information, list "none") Occupation present employment - paid or unpaid TYORNE Occupational Background previous employment - paid or unpaid (,,) Educational Background schools attended, use attachment if needed Diploma/Degree/Certificate Course of Study Last Grade Level Complete Name of School no acronyms Isnoitgo Completed (AA, BA, BS, MA, PhD, etc) SUFFOLK UNIVERSITY 1 AW SCHOOL CALIFORNIA, BERKELEIA Other:

503-242-9001

T-108 P.006/010 F-005

Required Information (if no relevant info: ...uon, list "none")

Prior Lovernmental Experience elected or appointed

PLAO PARK WATER DISTRICT COMMISSIONER

By signing this document, I hereby state:

- → that I will qualify for said office if elected
- → that all information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box:

- A By marking this box, I certify I do not have an existing candidate's cornmittee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
- By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the Campaign Finance Manual.

~	
Candidate's	Signature

Date Signer

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Warning

Supplying false information on this form may result in conviction of a fellony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715) No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election, (ORS 249.013).

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Initials

Cash or Check Number

Candidate ID Number

NG Receipt Numbe

Office Number