continued on the reverse side of this form

Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p.503.986.1518 | f.503.373.7414 | www.oregonvotes.org

## Filing of Candidacy for Special District Nomination

SEL 190

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Candidate information		Leon Comme	.r	•
Candidate Name		Filing for Office of		
Ed Yorkins		District, Position or Zone Number if applicable		
How Name Should Appear on Ballot		0 - 1 - 4 n		
Sararays		7.074	4101	
Residence Address, Street/Route	10			i
17885 WW 34 Hele	·γ	Zip Code	County of Resid	ence
CITY	State	12.p code	way by ling	
204/12-9	Work Phone	11821	Cellular Phone	
Home Phone	Work Phone	•	Actual vision	•
202 (31-21/88		Date of Election		
Fax Email Address		Date of Election	The road	1106 4
	will be sent Street/F	Pouto	111111	<u> </u>
Mailing Address where all correspondence	Vill be sell, Street	57.05 )	•	
CITY 200 54 Ha	Strike Of	Zin Corla	,	
City	State	Zip Code		•
	• .			
Filing Information				
G.Filing of candidacy by declaration, with th				
O Filing of candidacy by petition, with the re of the electors residing in the electoral dis	equired signature she strict for the office (w	ets bearing the signat hichever is less), certif	ares of at least 25 electified by the appropriate	tors or at least 10% county elections officials.
Required Information (if no relevant information	ation, list "none")		,	
Occupation present employment - paid or t		-		الرائية المستدانية المستدانية المستدانية المستدانية المستدانية المستدانية المستدانية المستدانية المستدانية الم المستدانية
	Comitous	(10)		Cill.
Occupational Background previous employ				-0
				150
Coladron) Tinz	3 1 690			13 63
				Sign Co
•				
	•			
Educational Background schools attended,	use attachment if ne	eded	-	
Complete Name of School no acronyms	Last Grade Level	Diploma/Deg	gree/Certificate	Course of Study optional
•	Completed	(AA, BA, BS,	MA, PhD, etc)	Орабана
•				
Linical High School	12th	D.161	lomm	
Oli State Harris	18681 14	T.	EZ.	
7001,000	1 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<del></del>		
Other:				•
- · · · · · ·	<i>t</i>			•
				SEL 190

Required Information (if no relevant information, if Prior Governmental Experience elected or appoint	
Jacob Commiss,	tosteil when a tribed - was
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 and prior governmental experience, is true to the	n, including my occupation, educational and occupational background, the best of my knowledge
Check the applicable box:  By marking this box, I certify I do not have an experience or receive more than \$350 during each calendar if total contributions or total expenditures exceed Campaign Finance Manual.  By marking this box, I certify that I have already	existing candidate's committee and I do not expect to spend more than \$350 ar year. I understand I must still keep records of all campaign transactions and sed \$350 during a calendar year, I must follow the requirements detailed in the y filed or will soon file a Statement of Organization for Candidate Committee
(SEL 220). For detailed instructions, see the Ca.	ampaign Finance Manual.
	Í
	2/24/2011
C	Date Signed

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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) 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).

For Office Use Only	,		
128	2221		
Initials.	Çesh or Check Number	Candidate ID Number	
72547			

Office Number