Filing of Candidacy for Special District Nomination

SEL 190 rev 01/10: ORS 255,235

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Candidate Information						
Candidate Name		Filing for Office of				
Stuart Ernest	Palmiter	640 Sham	Baralow SD			
How Name Should Appear on Ballot			Zone Number if applicable			
Straint Pali	miter	Position	~ 7 @ Large			
Residence Address, Street/Route						
		7				
City	State	Zip Code County of Residence				
	147 1 01		multwomah			
Home Phone	Work Phone	(1/1	Cellular Phone			
503 667 0982 Fax Email Address	503 545 3	Date of Election				
I dx Lindii Address		May 17, 8	2.011			
Mailing Address where all correspondence	will be sent. Street/Ro					
City Portland	State	Zip Code				
Portland	OX	9720	-\			
Filing Information						
Filing of candidacy by declaration, with the required \$10.00 fee.						
O Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10%						
			by the appropriate county elections officials	s.		
Required Information (if no relevant inform	nation, list "none")		20H			
Occupation present employment – paid or	· · · · · · · · · · · · · · · · · · ·					
Portland Po	lice offi	C-ev2				
Occupational Background previous emplo		•				
11dug sun1trog	ic schools	Teche				
Beauty school distract Teachers						
	210.02		·			
			(G) when			
		•				
Educational Background schools attended	. use attachment if need	ed				
Complete Name of School no acronyms	Last Grade Level	Diploma/Degree	•			
	Completed	(AA, BA, BS, MA	A, PhD, etc) optional			
Centennial Hig	gh School					
Mt Hood comun	inty collec	ze				
University of	Rostland	~ ~	Physics			
Orlegon Graduate Center						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	v . W	45 .	A Teachina	_		
Other:	LUME	ge VI	" reacting			

Required Information (if no releva Prior Governmental Experience e			
Centernial 3	0 budget com	.mittee	
East Gresham e	D budget com lementarry school	PTA PRESIDENT	
 and prior governmental experie Check the applicable box: By marking this box, I certify I don't receive more than \$350 during if total contributions or total exp. Campaign Finance Manual. By marking this box, I certify the 	f elected me on this form, including my occupation nce, is true to the best of my knowledge to not have an existing candidate's comm ng each calendar year. I understand I mus nenditures exceed \$350 during a calendar	n, educational and occupational background nittee and I do not expect to spend more to still keep records of all campaign transar year, I must follow the requirements det tatement of Organization for Candidate C	than \$350 actions and tailed in the
Candidate's Signature	of public record and may be publishe	O Z O 7 \\ Date Signed	
Warning Supplying false information of up to 5 years. (ORS 260.715)	on this form may result in conviction of a fe No person may be a candidate for more t e district. No person may be a candidate f	elony with a fine of up to \$125,000 and/or than one district office, unless the district I for more than one position on the same bo	has less than
For Office Use Only (A) Initials 22480	th 10 Cash or Check Number	Candidate ID Number	
Beceint Number	Office Number		