Candidate Filing Write-In Acceptance Form

SEL 141

rev 04/22 ORS 254.548

Write-In Acceptan	ce Deadlines						
Primary Election		General Election		District Election			
June 29, 2022		December 21	, 2022		June 28, 2023		
Filing Information							
This filing is for a(n)		Nominatio	on	Election			
Off 1 - 1 - 1 - 1 - 1 - 1							
Office Information				District Desition	an Carreti an Citar i	f amulianda.	
Filing for Office of:				District, Positio	on, County or City, i	і арріісавіе:	
Candidate Information							
Name of Candidate			Ι			6 (6	
First		MI	Last			Suffix	
Nomination Inform							
Which political party				ing (if any)?			
Democratic Part	У	Republica	n Party				
Ballot Order	<u> </u>						
Default Order	Party of which candidate is a member followed by no more than two additional parties listed in alphabetical order.						
Specified Order	1 st		2 nd		3	rd	
If you have previously filed an SEL 101 or electronic candidacy filing with the filing officer for this election cycle, skip to the Candidat Attestation on the second page of this form Candidate Information Cont.							
How you would like		ppear on the ba	llot				
Candidate Residenc	e/Route Address	<u> </u>					
Street Address				City		State	Zip
			Į.			ı	'
Candidate Mailing A	Address and Cont	tact information	1				
Street Address or PO Box		(City		State	Zip	
			·			·	·
Work Phone	Но	ome Phone		Cell Phone		Fax	
Email Address			,	Web Site, if applicable			
			· 				
Race and Ethnicity Optional							
	1						

Occupation (present employment) If no relevant experience, None or NA must be entered.									
Occupational Background (previous employment) If no relevant experience, None or NA must be entered.									
Educat	tional Background (schools attended) If I	no relevant experience. Non	e or NA must be entered						
	ete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study					
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.									
	date Attestation								
	ing this document, I hereby state that:	form is true to the best of m	ny kaonalodza						
	 → all information provided by me on this form is true to the best of my knowledge → I accept the nomination for the office indicated above and I will qualify for said office if elected 								
\rightarrow	 or → I accept the office indicated above and qualify for said office 								
	and, if applicable,								
\rightarrow	→ I further state that all information provided by me on my previously submitted candidacy filing(s) is true and correct and I understand it will be used for my filing as a write-in candidate.								
0	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).								
-	Candidate Signature		Date						