

# Legislative Vacancy

## Statement of Nominee's Willingness to Serve

SEL 145

rev 01/20 ORS 171.060

This filing is an

Nomination

Election

### Office Information

Office of:

District:

Party Affiliation:

### Nominee Information

#### Name of Nominee

First

MI

Last

Suffix

#### Residence/Route Address

Street Address

City

State

Zip

#### Mailing Address and Contact Information: Only one phone number and an email address are required.

Street Address or PO Box

City

State

Zip

Work Phone

Home Phone

Cell Phone

Fax

Email Address (required)

Web Site, if applicable

*By signing this document, I hereby state that I will accept the appointment for the office indicated above*



#### 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).

Nominee's Signature

Date Signed

For Office Use Only Initials \_\_\_\_\_