

Office of the City Auditor – City Elections 1221 SW 4<sup>th</sup> Ave Room 140 • Portland, OR 97204 • (503) 823-3546

www.portlandonlin	ne.com/auditor/ele	ections		•
	MAY Please	715, 2012 PRIMARY type or print legibly in b		
L CITY OFFICE				
FILING FOR OFFICE OF:  Commissioner, Position No.  Mayor			☐ Incumbent	for Office
II. CANDIDATE INFORMAT	CION	(大)		
Name of candidate	South	WEALDING.		
Name of candidate.  Name should appear on ballot	as follows	Soft MCAIN	- A 10	
			NE	
3329 S.W. 13 Citypore+1and	State  OR SG OM	Zip code 57239	County Multanah	
Mailing Address (For all corre	spondence)	-	7/(0// //(0/207/)	
City Port I And	State	Zip code 57239		
Home Phone 503-243-535/	Work	Phone 03 - 243 - 535/	Cellular Phone 503 47	3-3851
Campaign Email Address		Committee	Phone (Optional)	
Campaign Website (Optional)	com(aj)	, , , ,		
III. TYPE OF FILING				
TO THE CITY AUDITOR, CITY				
Filing of Candidacy by Decla				(ORS 249.056)
Filing of candidacy by prosper and the statement of	ective petition, w one or more circu	ith the required proposed s lators will or will not be pa	ignature sheet (SEL 121) aid (SEL 301) (ORS 249.0	20)
Filing of candidacy by complete county elections of	leted petition, wit ficials (ORS 249	h the required signature sh .020, 249.064)	eets certified by the approp	priate
MAY 15, 2010 PRIMARY ELE First Day to File fo Last Day to File fo Deadline to Withdr Last Day to File a 0	r Candidacy: r Candidacy: aw Candidacy:	8:00 5:00 5:00	AM, Thursday, Septembo PM, Tuesday, March 6, 2 PM, Friday, March 9, 20 PM, Monday, March 19,	012 12
FEES, SIGNATURES & QUAI Filing Fee: \$30 Co Qualifications: (1)	ommissioner / \$:	50 Mayor OR Requir	COMMISSIONER ANd Signatures (100 valid) and; (3) Resident of Portla	

IV. REQUIRED INFORMA	TION (ORS 249.031, PCC 2.08	3.070 and PCC 2.08.080)			
Occupation (Present employm	nent – Paid or Unpaid)				
PROP	wy mansce				
	Previous employment Paid or U	npaid)			
Real es Lte	= divelopment				
		• .			
Educational Background (Sci	hools attended. Use attachment is	f needed)			
Complete Name of School (No acronyms)	Last grade level completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc.)	Course of study (optional)		
Sonong Valley HS	123	(, 5.1, 55,, 1.15, 6.6.)	(optional)		
Sonoria Valley HS. Santa Rosa Junia Rogae Community a Mary/huit Univer	College				
Rogre Community (	Ikge				
Mary/huit Univer	Hy				
Other.					
Prior Governmental Experier	ice (Elected or Appointed)				
none					
·					
NAME OF THE OWNER O			•		
V. CANDIDATE SIGNATUI	3E	Seal Laboratorial Control of the Con			
By signing this d	locument, I hereby state:				
THAT I shall ac	cept the nomination for the off	fice indicated above:			
THAT I shall qualify for said office if elected; THAT all information provided by me on this form, including my occupation, educational and					
occupational bac	nation provided by me on this ckground, and prior governme	form, including my occupation ental experience, is true to the l	, educational and Dest of my knowledge.		
	91				
198	1/2	Ô	2 + . 17 1 20 11  Date Signed		
Candi	idate's Signature		Date Signed		
WARNING: Supplying false in	nformation on this form may resu	It in conviction of a felony with a	fine of up to \$125,000		
and/or prison for a	up to five years. (ORS 260.715). 249.013(3)). No person shall file	Unless the person has withdrawn a nominating petition or declarati	from the first filing, all filings		
one lucrative offic	ce before the date of the primary of	election, unless the person first fil	es a written withdrawal with the		
officer who accep	ted the initial filing (ORS 249.01	3(2)).			
Talifala	AREA BELOW FOR AT	UDITOR'S OFFICE USE ON			
Initials ☐ Cash? or ☐ Check No.	The state of the s	□ <\$750 □ <\$2	.000 □>\$2,000		
☐ Voter Registration Verified?		Candidate Committe	ee ID Number #		

## AUDITOR 18/17/11 PM 1:38

### Statement One or More Petition Circulators Will be Paid

**SEL 301** rev 01/10: ORS 250.045, ORS 250.165. ORS 255.135

O Prospective Petition initial filing with filing officer

I/We hereby declare one or more petition circulators will be paid money or other valuable consideration for obtaining signatures of active registered voters on the attached petition. I/We understand the filing officer must be notified not later than the 10th day after I/we first have knowledge or should have had knowledge that no petition circulator will be compensated for obtaining signatures. By signing this document, I hereby state that no circulators will be compensated on this petition based on the number of signatures obtained by the circulator.

O Completed Petition signatures submitted to filing officer

By signing this document, I hereby state that no circulators have been compensated on this petition based on the number of signatures obtained by the circulator.

Signed	Date Signed
Signed	Date Signed
Signed	Date Signed
Identify Petition	

→ Statement must be signed by the candidate for nomination, the chief sponsor for certificate of nomination, chief sponsor for Minor political party formation petition or all chief petitioners for an initiative or referendum petition.



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.

## Statement No Petition Circulators Will be Paid

**SEL 301** 

rev 01/10: ORS 250.045, ORS 250.165, ORS 255.166 ORS 255.135

Prospective Petition Initial Filing with Filing Officer

I/We hereby declare no petition circulators will be paid money or other valuable consideration for obtaining signatures of active registered voters on the attached petition. I/We understand the filing officer must be notified not later than the 10th day after I/we first have knowledge or should have had knowledge that any petition circulator will be compensated for obtaining signatures. By signing this document, I hereby state that no circulators will be compensated on this petition.

O Completed Petition Signatures Submitted to filing officer

By signing this document, I hereby state that no circulators were compensated for obtaining signatures on the attached petition.

Identify Petition	
leve Hz	-3 Oct-16-2011
Signed	Date Signed
Signed	Date Signed
Signed	Date Signed

→ Statement must be signed by the candidate for nomination, the chief sponsor for certificate of nomination, the chief sponsor for Minor political party formation petition, or all chief petitioners for an initiative or referendum petition.



# Petition for Nonpartisan Nomination Signature Sheet

This is a candidate nominating petition. Signers of this page must be active registered voters in the following county:

Petition circulators will be paid (mark one)

O One or More

Petition ID Pox O

to sign the petition. (ORS 249.061) I also certify that compensation I received, if any, was not based on the number of signatures obtained for this petition. Warning! Falsely signing this statement 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) I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each individual is an elector qualified **Sheet Number** Residence or Mailing Address street, city, zip code Precinct # optional To the Secretary of State of Oregon/County Elections Official/City Recorder, We, the undersigned voters, request the candidate's name printed above, for nomination ort/ani election following the filing of this petition. County, Oregon. District of Position Number if applicable Circulator's Address street, city, zip code → Signers must initial any changes that they or the circulator makes to their printed name, residence address or date they signed the petition Date Certified mm/dd/yy Date Signed mm/dd/yy Note to Candidate: Petition signatures must be verified before the petition can be filed with the filing officer. Submit the petition in ample time for the process to be completed before 5pm on the filing deadline day. signatures on this petition are those of active registered voters in MA YOR Dr. MARY **Print Name** Circulator Certification This certification must be signed by the circulator! to the office indicated, be placed upon the appropriate ballot at the next Date Signed mm/dd/yy Office MCAlaine Signature of County Elections Official County Elections Official Certification Scott Printed Name of Circulator William Circulator Signature Candidate's Name I hereby certify Signature 2 က 4 വ 9  $\infty$ တ