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

AUD 120

08/2011

## FILING OF CANDIDACY FOR NONPARTISAN NOMINATION FOR CITY OFFICE

MAY 15, 2012 PRIMARY ELECTION							
Please type or print legibly in black ink. This information is a matter of public record and may be published or reproduced.							
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I. CITY OFFICE							
FILING FOR OFFICE OF:  Commissioner, Position No. 1  Commissioner, Position No. 4  Mayor					☐ Incumbent for Office		
II. CANDIDATE INFORMATION							
Name of candidate BR/	AN 5. 12	T ARROT					
Name should appear on ballot as follows							
Residential address 130 NW 19TH Ave, #203,							
City PORTLAND	State 02	Zip code	7209	Count	MURTHONIAH		
Mailing Address (For all correspondence)							
City	State	Zip code	• •				
Home Phone	Work	Phone			Cellular Phone 3203		
Campaign Email Address & Aol. Com   Campaign Phone (Optional)   503 936 3203							
Campaign Website (Optional) WWW. BRIAN PARROTT. COM							
III. TYPE OF FILING							
TO THE CITY AUDITOR, CIT	Y OF PORTLANI	D:	<u> </u>	<u></u>			
☐ Filing of Candidacy by Declaration, with the Required Filing Fee: \$30 Commissioner / \$50 Mayor (ORS 249.056)							
Filing of candidacy by prosp and the statement					sheet (SEL 121) 301) (ORS 249.020)		
Filing of candidacy by comp	oleted petition, with officials (ORS 249.	h the required 020, 249.064	d signature she	eets certi	ified by the appropriate		
MAY 15, 2010 PRIMARY ELI First Day to File for Last Day to File for Deadline to Withd Last Day to File a	or Candidacy: or Candidacy:		5:00 5:00	) PM, Tu ) PM, Fri	nursday, September 8, 2011 esday, March 6, 2012 iday, March 9, 2012 onday, March 19, 2012		
FEES, SIGNATURES & QUA Filing Fee: \$30 C					MISSIONER AND AUDITOR tures (100 valid)		

Qualifications: (1) U.S. Citizen; (2) Registered Voter in Portland; (3) Resident of Portland as of May 15, 2011

IV. REQUIRED INFORMATION (ORS 249.031, PCC 2.08.070 and PCC 2.08.080)							
Occupation (Present employment - Paid or Unpaid) PRESIDENT, DMERICAS BOSTUSA							
EVENT STAGING, PROMOTION AND CONSULTING							
Occupational Background (Previous employment – Paid or Unpaid)							
HEAD TENNIS COACH, MENS WOMEN, FORTLAND STATE							
HEAD COACH, OREGON EPISCO PAL SCHOOL (DES)							
HEAD TENNIS COACH DIENS WOMEN, PORTLAND STATE HEAD COACH OREGON EPISCO POL SCHOOL (DES) DE LOUISIAND PACIFIC CORP. COMMUNICATIONS FERI SCHOOL PILL CONTIONS FERI COMPUNICATIONS PARABOTATION PARABOTATIO							
Educational Background (Schools attended. Use attachment if needed)							
Complete Name of School	Last grade level completed	Diploma/Degree/Certificate	Course of study				
(No acronyms)	1 GRADUATI	(AA, BA, BS, MA, PhD, etc.)	(optional)				
SOATTLE CUMPSOY	Hurs 1960	DA/ECONOMICS	MINOY: POUTICAL S				
LOYOLA PRODULA	12型		PHILOSOPH JOURNALIS				
CORLADY OF MAI	Bu 874						
ST. FRANCIS de SA	ES ->+						
Other:		<u> </u>					
	Prior Governmental Experience (Elected or Appointed)						
		and the second s					
rh 10							
NON C							
V. CANDIDATE SIGNATU	RE						
By signing this document, I hereby state:							
THAT I shall accept the nomination for the office 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 background, and prior governmental experience, is true to the best of my knowledge.							
Dr.	ANS/ DREOD	2	29-12				
Cand	lidate's Signature		29-12 Date Signed				
WARNING: Supplying false i	nformation on this form may resu	alt in conviction of a felony with a	fine of up to \$125,000				
and/or prison for up to five years. (ORS 260.715). Unless the person has withdrawn from the first filing, all filings							
are invalid (ORS 249.013(3)). No person shall file a nominating petition or declaration of candidacy for more than one lucrative office before the date of the primary election, unless the person first files a written withdrawal with the							
officer who accepted the initial filing (ORS 249.013(2)).							
Initials	AREA BELOW FOR A	UDITOR'S OFFICE USE ONI					
☐ Cash? or ☐ Check No.							
□ Voter Registration Verified? Candidate Committee ID Number #							