

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

AUD 120 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.				
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 JAMES O. ROWELL				
Name should appear on ballot as follows JAMES ROWELL				
Residential address 6223 SE 85 NE				
City PORTIAND State Zip code County	MULT			
Mailing Address (For all correspondence) 6223 SE 85	AVE			
City PORTING State Zip code	3			
Home Phone Work Phone	Cellular Phone 503-806-9367			
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Campaign Website (Optional)				
III. TYPE OF FILING				
TO THE CITY AUDITOR, CITY OF PORTLAND:				
Filing of Candidacy by Declaration, with the Required Filing Fee: \$30 Commissioner / \$50 Mayor (ORS 249.056)				
Filing of candidacy by prospective petition, with the required proposed signature sheet (SEL 121) and the statement one or more circulators will or will not be paid (SEL 301) (ORS 249.020)				
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Filing of candidacy by completed petition, with the required signature sheets certicularly county elections officials (ORS 249.020, 249.064)	,			
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IV. REQUIRED INFORMA	TION (ORS 249.031, PCC 2.03	8.070 and PCC 2.08.080)		
Occupation (Present employm	ent - Paid or Unpaid)	<u> </u>		
RETIREL				
Occupational Background (Previous employment – Paid or Unpaid)				
VIEWMASTER TYCO - BEAVERTON, ORE				
ABM - PORTLAND, ORE				
ANDERSON DIE-PORTLAND VENTURA FOODS - PORTLAND				
Educational Background (Schools attended. Use attachment if needed)				
Complete Name of School (No acronyms)	Last grade level completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc.)	Course of study (optional)	
SELLWOOD	8 TH			
CLEVELAND A.S.	9 74	GOT GED		
P.C.C.	ITERM		PSYCH	
ore. Arts torafts	1 TERM		QUILTING	
Other: Prior Governmental Experience (Elected or Appointed)				
This developmental Experience (Elected of Appointed)				
)		
V. CANDIDATE SIGNATURE				
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.				
Candi	date's Signature	<u> </u>	Date Signed	
and/or prison for are invalid (ORS)	up to five years. (ORS 260.715). 249.013(3)). No person shall file	It in conviction of a felony with a Unless the person has withdrawn a nominating petition or declarati election, unless the person first fil	from the first filing, all filings on of candidacy for more than	

officer who accepted the initial filing (ORS 249.013(2)).