

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

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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.

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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 Eileen S. Brady

Name should appear on ballot as follows Eileen Brady

Residential address 1242 SE 60th

City Portland State OR Zip code 97215 County Multnomah

Mailing Address (For all correspondence) 1242 SE 60th

City Portland State OR Zip code 97215

Home Phone 503-233-9309 Work Phone 503-595-6923 Cellular Phone 503-869-6269

Campaign Email Address eileen@eileenformayor.com Campaign Phone (Optional) 503-432-6172

Campaign Website (Optional) www.eileenformayor.com

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)
- ☒ Filing of candidacy by completed petition, with the required signature sheets certified by the appropriate county elections officials (ORS 249.020, 249.064)

MAY 15, 2010 PRIMARY ELECTION FILING DATES

First Day to File for Candidacy:	8:00 AM, Thursday, September 8, 2011
Last Day to File for Candidacy:	5:00 PM, Tuesday, March 6, 2012
Deadline to Withdraw Candidacy:	5:00 PM, Friday, March 9, 2012
Last Day to File a County Voters' Pamphlet Statement:	5:00 PM, Monday, March 19, 2012

FEES, SIGNATURES & QUALIFICATIONS FOR OFFICES OF CITY COMMISSIONER AND AUDITOR

Filing Fee: \$30 Commissioner / \$50 Mayor OR Required Signatures (100 valid)

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

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IV. REQUIRED INFORMATION (ORS 249.031, PCC 2.08.070 and PCC 2.08.080)

Occupation (Present employment – Paid or Unpaid)

Business owner

Occupational Background (Previous employment – Paid or Unpaid)

Founding co-owner grocery company, co-owner small publishing company.
Executive manager grocery and software industries as well as for an
environmental non-profit organization.
Non-profit and for profit Board member.

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)
Evergreen State College	16	BA	Organizational Development

Other:

Prior Governmental Experience (Elected or Appointed)

Appointed by Governor Kulongoski- Oregon Health Fund Board and Oregon
Health Policy Board
Appointed by Portland City Council- Mt. Tabor Reservoir Independent
Review Panel

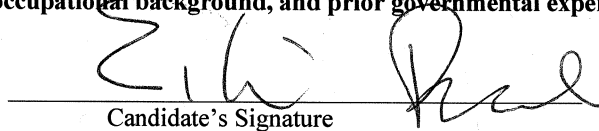
V. CANDIDATE SIGNATURE

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.**


Candidate's Signature


Date Signed

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 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)).

AREA BELOW FOR AUDITOR'S OFFICE USE ONLY

Initials _____

☐ Cash? or ☐ Check No. _____

☐ Voter Registration Verified?

☐ <\$750 ☐ <\$2,000 ☐ >\$2,000

Candidate Committee ID Number # _____