Candidate Filing Write-In Acceptance Form

| Write-In Acceptan | ce Deadlines | 5 | | | | | | |
|------------------------------------|-----------------|---------------------|-------------------|---------------------------------|--------------------------|--------------------|-----------------------|--|
| Primary Election | | | General Election | | District Election | | | |
| July 1, 2026 | | December 1 | December 16, 2026 | | July 2, 2025 | | | |
| Filing Information | | | | | | | | |
| This filing is for a(n) Nomination | | | tion | Election | | | | |
| Office Informatior | 1 | | | | | | | |
| Accepting the Office | | | | District, Posi | tion, County or City, | if applicable: | | |
| | | | | | | | | |
| Candidate Inform | ation | | | | | | | |
| Name of Candidate | | | | | | | | |
| First | | MI | MI Last | | | Suffix | | |
| | | ľ | I. | | | 1 | | |
| | | | | | | | | |
| J If you are acce | pting the elect | tion as a write-in | winner, skip | to page two a | nd fill out the Candio | date Attestatio | on section. | |
| Nomination Inform | | | | | | | | |
| Which political party | | _ | | ing (if any)? | | | | |
| Democratic Part | У | Republic | an Party | | | | | |
| Ballot Order | | | | | | | | |
| Default Order | Party of which | n candidate is a me | mber followed | by no more tha | n two additional parties | s listed in alphab | etical order. | |
| Specified Order | 1 st | | 2 nd | | 3 rd | | | |
| | | | | 6 11 1 1 1 | | | | |
| Attestation on | | | tronic candida | acy filing with t | he filing officer for th | his election cyc | le, skip to the Candi | |
| Candidate Inform | • | 0 | | | | | | |
| How you would like | | appear on the b | allot | | | | | |
| | - | | | | | | | |
| Candidate Residenc | e/Route Addr | ess | | | | | | |
| Street Address | | | | City | | State | Zip | |
| | | | I | | | I | 1. | |
| Candidate Mailing A | ddress and Co | ontact informatio | on | | | | | |
| Street Address or PO Box | | | | City | | State | Zip | |
| | | | I | | | I | I | |
| Work Phone | | Home Phone | | Cell Phone | | Fax | | |
| | I | | Ι | | | I | | |
| Email Address | | | , | Web Site, if applicable | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Race and Ethnicity (| Optional | | | | | | | |

| Occupation (present employment | If no relevant experience, | None or NA must be entered. |
|--------------------------------|----------------------------|-----------------------------|
|--------------------------------|----------------------------|-----------------------------|

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

| Complete name of School | Last Grade completed | Diploma/Degree/Certificate | Course of Study | | |
|--|----------------------|----------------------------|-----------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Educational Background (other) Attach a separate sheet if necessary. | | | | | |
| | | | | | |

| Prior Governmental Experience (elected or appointed | d) If no relevant experience, None or NA must be entered. |
|---|---|
|---|---|

Candidate Attestation

By signing this document, I hereby state that:

- \rightarrow all information provided by me on this form is true to the best of my knowledge
- → I accept the nomination for the office indicated above and I will qualify for said office if elected **or**
- $\rightarrow\,$ I accept the office indicated above and qualify for said office and, if applicable,
- → I further state that all information provided by me on my previously submitted candidacy filing(s) is true and correct and I understand it will be used for my filing as a write-in candidate.

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).

Candidate Signature