## **SEL 115**

## Assembly of Electors-Nonaffiliated

rev 09/25 ORS 249.720, ORS 249.735

| 2026 General Election Filing Dates   |                 |          |                         |                            |   |        |  |  |
|--|-----------------|----------|-------------------------|----------------------------|---|--------|--|--|
| Incumbent Candidate Filing   | _               |          | umbent Candidate Filir  | <del>-</del>               | Nomination Withdrawal                     |        |  |  |
| June 3, 2026 to August 18, 202   | <mark>.6</mark> | June 3,  | 2026 to August 25, 2020 | <mark>6</mark>             | August 28, 2026                           |        |  |  |
| Filing Information   |                 |          |                         |                            |   |        |  |  |
| This filing is an  | Original        |          | Amendment               |                            |   |        |  |  |
| Office Information   |                 |          |                         |                            |   |        |  |  |
| Filing for Office of:  |                 |          |                         |                            |   | X      |  |  |
| District, Position or County:  |                 |          |                         |                            |   |        |  |  |
| Incumbent:   | Yes             | No       | If you marked "Yes",    | <mark>you are subje</mark> | <mark>ct to an earlier filing dead</mark> | lline! |  |  |
| Certificate of Nomination Information  |                 |          |                         |                            |   |        |  |  |
| Name and Contact Information of Person Submitting Certificate of Nomination  |                 |          |                         |                            |   |        |  |  |
| First  |                 | MI       | Last                    |                            |   |        |  |  |
| Charact Addison on DO Door   |                 |          | Cit.                    | Ctata                      | 7:  |        |  |  |
| Street Address or PO Box   |                 |          | City                    | State                      | Zip                                       |        |  |  |
| Phone Number   |                 |          | Email Address           | X                          |   |        |  |  |
|  |                 |          | I                       | 0                          |   |        |  |  |
| Candidate Information  |                 |          |                         |                            |   |        |  |  |
| Name of Candidate  |                 |          |                         |                            |   |        |  |  |
| First  |                 | MI       | Last                    |                            |   |        |  |  |
| How you would like your name to appear on the ballot Candidate's Date of Birth (month/day/year)  |                 |          |                         |                            |   |        |  |  |
|  |                 |          |                         |                            |   |        |  |  |
| Candidate Residence / Route  | Address         |          |                         |                            |   |        |  |  |
| Street Address   |                 |          | City                    | State                      | Zip                                       | County |  |  |
|  |                 |          |                         |                            |   |        |  |  |
| Candidate Mailing Address an   | d Contact Inf   | ormation |                         | and an email is            | required.                                 |        |  |  |
| Street Address or PO Box   |                 |          | City                    | State                      | Zip                                       |        |  |  |
| Work Phone Home Phone Cell Phone   |                 |          |                         |                            |   |        |  |  |
| LX.  | •               |          |                         |                            |   |        |  |  |
| Email Address  |                 |          | Web Site                | e, if applicable           | 2   |        |  |  |
|  |                 |          |                         |                            |   |        |  |  |
| Race and Ethnicity Optional  |                 |          |                         |                            |   |        |  |  |
| Converting forwards and amount of the standard |                 |          |                         |                            |   |        |  |  |
| Occupation (present employment) If not employed, enter "Not Employed".   |                 |          |                         |                            |   |        |  |  |
|  |                 |          |                         |                            |   |        |  |  |
| Occupational Background (previous employment) If no relevant experience, None or NA must be entered.   |                 |          |                         |                            |   |        |  |  |
|  |                 |          |                         |                            |   |        |  |  |
|  |                 |          |                         |                            |   |        |  |  |
|  |                 |          |                         |                            |   |        |  |  |

| Educational Background (schools attended)  |                                 |                                    |                                |  |  |  |  |
|--|---------------------------------|------------------------------------|--------------------------------|--|--|--|--|
| Complete Name of School  | Last Grade Completed            | Diploma/Degree/Certificate         | Course of Study                |  |  |  |  |
|  |                                 |                                    |                                |  |  |  |  |
|  |                                 |                                    |                                |  |  |  |  |
| Educational Packground (athor) Attach a congret  | a chaot if managemy             |                                    |                                |  |  |  |  |
| Educational Background (other) Attach a separate   | e sneet if necessary.           |                                    |                                |  |  |  |  |
|  | N.c                             |                                    |                                |  |  |  |  |
| Prior Governmental Experience (elected or app  | ointed) if no relevant experi   | ence, None or NA must be entered.  |                                |  |  |  |  |
|  |                                 |                                    |                                |  |  |  |  |
|  |                                 |                                    |                                |  |  |  |  |
| Assembly of Electors   |                                 |                                    |                                |  |  |  |  |
| We swear or affirm the statements on this certificate  | are true; and                   |                                    | 7,0                            |  |  |  |  |
| <ul> <li>→ Not less than 1000 electors of the state, or</li> <li>→ Not less than 500 electors of the congressional dis</li> </ul>  | strict, or                      |                                    |                                |  |  |  |  |
| → Not less than 250 electors of the county or any other district for which the nomination is made, were present when the nomination was made   |                                 |                                    |                                |  |  |  |  |
| The nominating convention was held in one day and lasted less than 12 hours. The candidate named on this certificate received the highest number   |                                 |                                    |                                |  |  |  |  |
| of votes for the office indicated from the assembly and is the nominee of the assembly (ORS 249.735).  |                                 |                                    |                                |  |  |  |  |
|  |                                 |                                    | ×                              |  |  |  |  |
| Printed Name of Presiding Officer  | Prin                            | ted Name of Secretary              |                                |  |  |  |  |
|  |                                 |                                    |                                |  |  |  |  |
| Signature of Presiding Officer   | Sign                            | ature of Secretary                 |                                |  |  |  |  |
| Signature of Fresiding Officer   | Sign                            | ature or secretary                 |                                |  |  |  |  |
| State of OREGON,   |                                 |                                    |                                |  |  |  |  |
| County of  |                                 |                                    |                                |  |  |  |  |
|  |                                 |                                    |                                |  |  |  |  |
| Subscribed and sworn to (or affirmed) before me on by  |                                 |                                    |                                |  |  |  |  |
| ; and  |                                 |                                    |                                |  |  |  |  |
|  |                                 |                                    |                                |  |  |  |  |
| Notary Public of Oregon  |                                 |                                    |                                |  |  |  |  |
| Compaign Finance Information Naturalisable   | to an distance for fordered off |                                    |                                |  |  |  |  |
| A candidate must file a Statement of Organization not  |                                 |                                    | r making an ovnanditure and no |  |  |  |  |
| A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they |                                 |                                    |                                |  |  |  |  |
| meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee,   |                                 |                                    |                                |  |  |  |  |
| and not expect to spend or receive more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds).   |                                 |                                    |                                |  |  |  |  |
| If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.   |                                 |                                    |                                |  |  |  |  |
| See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.   |                                 |                                    |                                |  |  |  |  |
| Residence Address Exemption  |                                 |                                    |                                |  |  |  |  |
| To exempt your residence address from public disclosure, complete form <u>SEL 180 – Residence Address Exemption Request</u> . The request for a  |                                 |                                    |                                |  |  |  |  |
| Residence Address Exemption MUST include a publicly  |                                 |                                    |                                |  |  |  |  |
| I don't want my residence address to be disc   | losed. I will be filling a sepa | arate SEL 180 – Residence Address  | Exemption Request.             |  |  |  |  |
| Candidate Attestation  |                                 |                                    |                                |  |  |  |  |
| By signing this document, I hereby state that:  → I will accept the nomination for the office indicate   | ad above:                       |                                    |                                |  |  |  |  |
| → I will qualify for said office if elected;   | a above,                        |                                    |                                |  |  |  |  |
| → If nominated for a partisan office, I am not, and have not been, a member of a political party since February 29, 2024; <i>and</i>   |                                 |                                    |                                |  |  |  |  |
| → All information provided by me on this form is tru   | e to the best of my knowledg    | e.                                 |                                |  |  |  |  |
| <b>Warning</b> 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). A person may only file for one lucrative office at the same election. Unless the person has withdrawn from the first             |                                 |                                    |                                |  |  |  |  |
| filing, <b>all</b> filings are invalid. (ORS 249.013 and   |                                 | e same election. Unless the person | rias withdrawn from the first  |  |  |  |  |
| 5. 0   | ,                               |                                    |                                |  |  |  |  |
|  |                                 |                                    |                                |  |  |  |  |
| Candidate Signature  |                                 | <br>Date                           |                                |  |  |  |  |