

# Legislative Vacancy

## Statement of Nominee's Willingness to Serve

SEL 145

rev 1/16 ORS 171.060

 All information must be completed and submitted to the Secretary of State, Elections Division, or the form will be rejected.

This filing is an  Nomination  Election

### Office Information

Office of:

District:

Party Affiliation:

### Nominee Information

#### Name of Nominee

First	MI	Last	Suffix
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#### Residence/Route Address

Street Address	City	State	Zip
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#### Mailing Address and Contact Information: Only one phone number and an email address are required.

Street Address or PO Box	City	State	Zip
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Work Phone	Home Phone	Cell Phone	Fax
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Email Address (required)	Web Site, if applicable
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*By signing this document, I hereby state that I will accept the appointment for the office indicated above*



#### 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).

Nominees Signature

Date Signed

For Office Use Only Initials \_\_\_\_\_