

Candidate Filing**SEL 101****Major Political Party or Nonpartisan**rev 09/17
ORS 249.031**!** All information must be completed or the form will be rejected.

Filing Dates		Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
Primary Election May 15, 2018	First Day to File Last Day to File	September 7, 2017 March 06, 2018	January 15, 2018 March 8, 2018	March 9, 2018
General Election November 6, 2018	First Day to File Last Day to File	May 30, 2018 August 28, 2018	July 9, 2018 August 28, 2018	August 31, 2018

Filing Information

This filing is an	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Amendment
Filing Officer	<input type="checkbox"/> Secretary of State	<input checked="" type="checkbox"/> County Elections Official
		<input type="checkbox"/> City Recorder (Auditor)

Office InformationFiling for Office of: **Clackamas County Commissioner Position #5**District, Position or County: **Clackamas County**

Party Affiliation:	<input type="checkbox"/> Democratic Party	<input type="checkbox"/> Republican Party	<input type="checkbox"/> Independent Party	<input checked="" type="checkbox"/> Nonpartisan
Incumbent Judge (for judge candidates only):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Nondisclosure on file	

Payment Information Select how you will pay for your candidacy filing. Declaration of Candidacy and required filing fee

Office	Filing Fee	Office	Filing Fee
United States President	n/a	District Attorney	\$50
United States Vice President	n/a	County Judge	\$50
United States Senator	\$150	MSD Executive Officer, MAD Director	\$100
United States Representative	\$100	MSD Councilor	\$25
Statewide Offices	\$100	County Office	\$50
State senator or Representative	\$25	City Office	Set by charter or ordinance
Circuit Court Judge	\$50	Justice of the Peace	n/a

Prospective Petition, instead of required filing fee

Petition circulators will be paid Yes No

Candidate Information**Name of Candidate**

First	MI	Last	Suffix	Title
Sonya	G	Fischer		

How you would like your name to appear on the ballot

Sonya Fischer

Candidate Residence / Route Address

Street Address	City	State	Zip	County
159 Ladd Street	Lake Oswego	OR	97034	

Candidate Mailing Address and Contact Information Only one phone number is required.

Street Address or PO Box	City	State	Zip
385 1st Street STE 221	Lake Oswego	OR	97034

Work Phone	Home Phone	Cell Phone	Fax
503 655-8581		503984-1684	

Email Address	Web Site, if applicable
sonya@sonyafischer.com	www.sonyafischer.com

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

Clackamas County Commissioner/Owner, Fischer Family Law, PC

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

Attorney/Owner Fischer Family Law, PC, Director of State and Federal Affairs, Oregon Department of Human Services
 Legislative advocacy on behalf of Nature Conservancy, Defenders of Wildlife, Disability Rights Oregon, Oregon Trial Lawyers through Tresidder Government Relations and on behalf of individuals and families with developmental disabilities through a project of the Oregon Council on Developmental Disabilities
 Oregon Legislature, Intern/staffer for Senator Frank Roberts; Legislative Assistant for Representative Sharon Wylie and Senator Frank Shields
 Multnomah County Program Development for Early Childhood and Domestic Violence and Case Manager for families of children with disabilities

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

Complete name of School (no acronyms) Last Grade completed Diploma/Degree/Certificate Course of Study

Northwestern School of Law of Lewis and Clark College JD, Law

Portland State University, Master of Public Administration

Warner Pacific College, Bachelor of Science Sociology/Social Work

Centennial High School, Dipoloma

Educational Background (other) Attach a separate sheet if necessary.

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

Oregon Family Support Council, Member and Chair
 Centennial School District Budget Committee
 Lake Oswego School District Budget Committee
 Precinct Committee Person

Campaign Finance Information Not applicable to candidates for federal office.

Candidate Committee

- Yes, I have a candidate committee.
- No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
NOTE: If you have previously filed for office please check with the Elections Division to verify if you have an existing candidate committee.
- No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

Candidate Attestation

By signing this document, I hereby state that:

- I will accept the nomination for the office indicated above
- I will qualify for said office if elected, **and**
- no circulators will be compensated based on the number of signatures obtained by the circulator on a prospective petition

For Major Political Party Candidates

- if not nominated, I will not accept the nomination or endorsement of any political party other than the one named
- I have been a member of said political party, subject to the exceptions stated in ORS 249.046, for at least 180 days before the deadline for filing a nominating petition or declaration of candidacy (ORS 249.031). Does not apply to candidates filing for the office of US President.

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). A person may only file for one lucrative office or not more than one precinct committee person at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

[Redacted Signature]

9-7-17

Candidate Signature

Date Signed

For Office User Only Initials

ML

Batch Sheet/CC Approval Code/ Receipt Number

#284213 check #2314