Candidate Filing

Major Political Party or Nonpartisan

CLACKAMAS CO +BOPTA S 2021 NOV 19 AM10:40:55

SEL 101

0:55 rev 09/21 ORS 249.031

Filing Dates				Candidate	e Filing	C	andidate W	/ithdrawal
Primary Election May 17, 2022	First Day Last Day			*September 9, 2021 March 8, 2022		N	March 11, 2022	
*Due to the delay in receiving 2020 for office until the district maps ha	0 U.S. Census ve been finali	redistricti zed. 🐼	ing data, offices o Subscribe to get a	f US Represe n email wher	ntative, State Sena redistricting map	ator and S s are final	itate Represer ized.	ntative cannot file
General Election	First Day to File			June 1, 2022				
November 8, 2022	November 8, 2022 Last Day to File			August 30, 2022 September 2, 2022			2022	
Filing Information								
This filing is an	Original			Amendment				
Office Information								
Filing for Office of: Clackan	nas Cou	nty C	ommission	er				
District, Position or County: Po	sition 5							
Party Affiliation:			Democratic P	arty	Republica	an Party	■ No	npartisan
Incumbent Judge (for judicial ca	andidates on	ıly):	Yes		No		No	ndisclosure on file
Filing Method				Maria Santa				
Fee								
Office United States President United States Vice President United States Senator United States Representative Statewide Offices State senator or Representative	Filing Fee n/a n/a \$150 \$100 \$25 \$50			Office District Attorney County Judge MSD Executive Officer, MAD Director MSD Councilor County Office City Office Justice of the Peace			Filing Fee \$50 \$50 \$100 \$25 \$50 Set by charter or ordinance n/a	
Circuit Court Judge Prospective Petition, in lieu				Some circulators may be paid			Yes	По
	Warran & Ball			A- 911 - 11	1 - 3 & 31 s &		TO SUNTA	
Candidate Information Name of Candidate								III-S-W. IIV. IIV. IIIVIII
First		MI	Last			S	uffix	
Benjamin J West								
How you would like your name to appear on the ballot								
Ben West								
Candidate Residence / Route A	Address							
Street Address			City		State		Zip	County
29143 SW Sam	Remo	Ct	Wilson	ville	OR	9	7070	Clackamas
Candidate Mailing Address and	d Contact Inf	formatio	n Only one phon	e number and	an email is requir	ed.		
Street Address or PO Box			City		State	Z	lip.	
29143 SW Sam	9143 SW Sam Remo Ct Wils			ville	OR	S	7070	
Work Phone	Home Ph	one		Cell Phone		F	ax	
Email Address Web Site, if applicable benjamin.bjwest@gmail.com								
Race and Ethnicity Optional								

Registered Nurse - Cardiology

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

Retial Banking and Mortgage Loan Officer

Last Grade completed	Diploma/Degree/Certificate	Course of Study	
complete 03/2022	Masters	Nursing	
16	Bachelors	Nursing	
14	Associates	Nursing	
14	Associates	General	
	complete 03/2022 16 14	complete 03/2022 Masters 16 Bachelors 14 Associates	

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.

Wilsonville City Councilor

Wisonville Leadership Accademy Graduate

Nursing with Oregon Department of Correction

Campaign Finance Information Not applicable to candidates for federal office.

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 \$750 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.

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;
- → All information provided by me on this form is true to the best of my knowledge; 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)

Signature	Redacted

11/19/2021

Date