State Voters' Pamphlet

Candidate Filing

Filing Dates

Major Political Party or Nonpartisan

Candidate Filing

SEL 101

Candidate Withdrawal

rev 09/15 ORS 249.031

Primary Election May 17, 2016		Filed electronically using O	RESTAR
First Day to File Last Day to File	September 10, 2015 March 08, 2016	January 18, 2016 March 10, 2016	March 11, 2016
General Election November 8, 2016			
First Day to File Last Day to File	June 1, 2016 August 30, 2016	July 11, 2016 August 30, 2016	September 2, 2016
All information must be complete	d or the form will be rejecte	ed.	
This filing is an	☐ Original ■ Amendment		Amendment
Filing Officer			
☐ Secretary of State	County Elections	Official	City Recorder (Auditor)
Office Information			
Filing for Office of: Clackamas cou	inty Commissioner Po	s 4	
District, Position or County:			
Party Affiliation: Democratic Pa	arty Republican Party	☐ Independent Party	Nonpartisan
Incumbent Judge:	'es	□ No	☐ Nondisclosure on file
Paying by Declaration or Petition:			
Declaration, with the required fee			
Office	Filing Fee Office		Filing Fee
	n/a District Attor		\$50
	n/a County Judg \$150 MSD Execut	ge tive Officer, MAD Director	\$50 \$100
	\$100 MSD Counc	-	\$25
	\$100 County Office	e	\$50
•	\$25 City Office		Set by charter or ordinance
Circuit Court Judge	\$50 Justice of the	e Peace	n/a
☐ Prospective Petition		Petition circulators will be pa	aid Yes No
Candidate Information			
Name of Candidate			
First	MI Last		Suffix Title
William	R King		
How you would like your name to app	ear on the ballot		
Bill King			
Candidate Residence/Route Address			
Street Address	City	State	Zip County
17960 Loundree dr	Sandy	or	97055 Clackamas
Candidate Mailing Address			
Street Address or PO Box	City	State	Zip
PO Box 1045	Sandv	Or	97055

Contact Information: Only one phone nu	mber is required.		HM11.12.0-3	
Work Phone Home Phone		hone Fax		
503-668-9517	503-	503-341-0728		
Email Address	Web S	Web Site, if applicable		
king540@frontier.com				
Occupation (present employment) If r	no relevant experience, None	or NA must be entered.		
Owner, Bill's Automotive Repair In	ic.			
Occupational Background (previous on N/A	employment) If no relevant e	xperience, None or NA must	be entered.	
IWA				
Educational Background (schools att				
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study	
Benson Polytechnical	12	Diploma	Automotive Major	
Educational Background (other) Attach a sep	parate sheet if necessary.			
Campaign Finance Information (not a	pplicable to candidates for	federal office)		
Candidate Committee				
 Yes, I have a candidate committee. No, I do not expect to spend more than \$\frac{1}{2}records of all campaign transactions and if the requirements detailed in the Campaign. No, but will be filing a Statement of Organ 	f total contributions or total expe n Finance Manual.	nditures exceed \$750 during a c		
y signing this document, I hereby state that:				
→ I will accept the nomination for the offic → I will qualify for said office if elected → all information provided by me on this formation will be compensated based.	orm is true to the best of my kno	wledge <i>and</i> obtained by the circulator on a p	rospective petition	
For Major Political Party Candidates				
 if not nominated, I will not accept the not I have been a member of said political particle the deadline for filing a nominating petitor of US President. 	party, subject to the exceptions	stated in ORS 249.046, for at lea	ast 180 days before	
Warning Supplying false information on this to 5 years. (ORS 260.715). A personance same election. Unless the person h	on may only file for one lucrative	office or not more than one pred	cinct committee person at the	
Signature Red		,	2-5-16	
Caranauto o organiano			Date Signed	

Office Use Only: Initials ______Batch Sheet/CC Approval Code/Receipt Number _____