Candidate Filing

Marion Co. - Counter

SEL 190

MAR 1 1 2019 **District** ORS 255,235 All information must be completed or the form will be rejected. This filing is an /Original Amendment Office Information Filing for Office of: District, Position or County: **Filing Information** Iling with the required \$10.00 fee Prospective Petition Candidate Information Name of Candidate Suffix Title How you would like your name to appear on the ballot Candidate Residence/Route Address Street Address State Zip Candidate Mailing Address and Contact Information: Only one phone number is required. Street Address or PO Box City State Zip Work Phone Home Phone Cell Phone Fax **Email Address** Web Site, if applicable Occupation (present employment) If no relevant experience, None or NA must be entered. Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	are an area of the second of t	e or NA must be entered.	C
2:11 4 4 4 1 4 1	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Mante Law		1,0	lace
			
lucational Background (other) Attach a separa	ate sheet if necessary		<u> </u>
acceptational package and former / recent a popular	ato onoce is noocour;		

rior Governmental Experience (elected or ap			1
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ampaign Finance Information (not applicable	to candidates for federal of	ffice)	
andidate Committee			
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$75	iO or receive more than \$750	during each calendar year. I und	lerstand I must still keep
records of all campaign transactions and if to		penditures exceed \$750 during a	calendar year, I must
follow the requirements detailed in the Cam	ipaign Finance Manual.		
•		*** (CEL 220)	
No, but will be filing a Statement of Organiz		tee (SEL 220).	
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No, but will be filing a Statement of Organiz	eation for Candidate Commit	tee (SEL 220).	
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671 KINGWOOD DR NW SALEM OR 97304

ELIZABETH A EARLS

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