

Statement of Democratic Nominee's Willingness to Serve

SEL 145a

rev 01/10: ORS 171.060

Nominee Information

Nominee's Name

Filing for Office of

District Number

Residence Address, Street/Route

City

State

Zip Code

Home Phone

Work Phone

Cellular Phone

Mailing Address where all correspondence will be sent, Street/Route

City

State

Zip Code

By signing this document, I hereby state that I will accept the appointment for the office indicated above.

Signature of Nominee

Date Signed