

Legislative Vacancy
Statement of Nominee's Willingness to Serve

SEL 145

rev 4/14 ORS 171.060

i All information must be completed and submitted to the Secretary of State, Elections Division, or the form will be rejected.

This filing is an

☒ **Nomination**

☐ **Election**

Nominee Information

Name of Nominee

First

Marisha

MI

Last

Childs

Suffix

Residence/Route Address

Street Address

2822 SE Pardee St Portland

City

State

Zip

OR 97202

Mailing Address

Street Address or PO Box

City

State

Zip

Contact Information: Only one phone number is required.

Work Phone

360 694.7306

Home Phone

971.400.5804

Cell Phone

971.400.5804

Fax

360.859.7381

Email Address

Marisha.Childs@gmail.com

Web Site, if applicable

Office Information

Office of:

District:

Party Affiliation:

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



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).

Marisha Childs

Nominees Signature

June 9, 2014

Date Signed

Office Use Only Initials