

Statement of Nominee's Willingness to Serve

SEL 145
REV 1/2005 (1/1/00)

Nominee Information (all fields are required)

Candidate Name

Thomas Sincic

Party Name

Democratic

Filing for Office of

State Representative

District Number

45

Residence Address, Street/Route

3967 NE Cesar E. Chavez Blvd.

City

Portland

State

OR

Zip Code

97212

Contact Phone

503

Email Address

sincic@q.com

Mailing Address (All correspondence will be sent to this address)

3967 NE Cesar E. Chavez Blvd

City

Portland

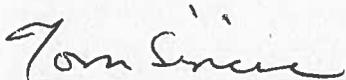
State

OR

Zip

97212

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



Signature of Nominee

11-22-13

Date Signed