
Multnomah County Democratic Central Committee

PO Box 6596 • Portland, Oregon 97228-6596 • 503.248.0826

<http://www.multdems.org>

Bill Bradbury
Secretary of State
141 State Capitol
Salem, OR 97310-0722
March 13, 2004

Dear Secretary Bradbury;

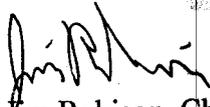
Pursuant to ORS 171.060(1) I am hereby notifying you that the Democratic Party of Multnomah County, in convention for House District 43 on Saturday, March 13, 2004, in accordance to Party rules and applicable state statute, has nominated three candidates to fill the vacancy in Representative District 43. The three nominees are;

R. P. Joe Smith,
Jo Ann A. Bowman, and
Tom Markgraf.

All three nominees are qualified to hold the office of State Representative in District 43, have all been registered Democrats for at least 180 days, and have all signed the required "Statement of Democratic Nominee's Willingness to Serve" (enclosed).

If you have any questions regarding this matter, you may contact me at 503-285-4805.

Sincerely,

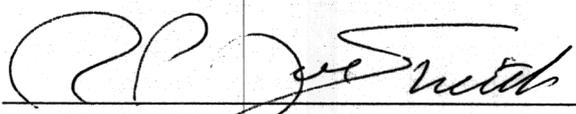


Jim Robison, Chair

c: Multnomah County Commissioners
Multnomah County Clerk

STATEMENT OF DEMOCRATIC NOMINEE'S WILLINGNESS TO SERVE

FILING FOR OFFICE OF State Representative DISTRICT NUMBER 43

Name of nominee (Print) <p>R.P. Joe Smith</p>	
Residence address (street/route, city, state, county, zip code) <p>2211 N.E. 21st Ave. Portland, OR, 97212-4623</p>	Telephone (business) <p>503 + 287-6577</p>
Mailing address to which all correspondence will be sent (street/route, city, state, county, zip code) <p>same ↑</p>	Telephone (home) <p>503 + 284 5552</p>
<p>By signing this document, I hereby state: THAT I shall accept the appointment for the office indicated above; ✓ THAT I shall qualify for said office, if appointed; ✓ THAT I have been a member of said political party, subject to the exceptions stated in ORS 249.046, for at least ✓ 180 days before my appointment; and ✓ THAT all information supplied by me on this form is true to the best of my knowledge. ✓</p>	
Nominee's signature 	Date signed <p>3-13-04</p>
<p>Warning: Any person who supplies any information on this form, knowing it to be false, is subject upon conviction to imprisonment for up to five years or to a fine of \$100,000, or both (ORS 260.715).</p>	

STATEMENT OF DEMOCRATIC NOMINEE'S WILLINGNESS TO SERVE

FILING FOR OFFICE OF State Representative DISTRICT NUMBER 43

Name of nominee (Print) Jo Ann Bowman	
Residence address (street/route, city, state, county, zip code) 3145 NE 15th AVE Portland, OR 97212	Telephone (business) 503-282-6588
Mailing address to which all correspondence will be sent (street/route, city, state, county, zip code) 3145 NE 15th AVE Portland, OR 97212	Telephone (home) 503-284-1887
By signing this document, I hereby state: THAT I shall accept the appointment for the office indicated above; THAT I shall qualify for said office, if appointed; THAT I have been a member of said political party, subject to the exceptions stated in ORS 249.046, for at least 180 days before my appointment; and THAT all information supplied by me on this form is true to the best of my knowledge.	
 Nominee's signature	<u>3/13/04</u> Date signed
Warning: Any person who supplies any information on this form, knowing it to be false, is subject upon conviction to imprisonment for up to five years or to a fine of \$100,000, or both (ORS 260.715).	

STATEMENT OF DEMOCRATIC NOMINEE'S WILLINGNESS TO SERVE

FILING FOR OFFICE OF House Seat ~~Portland Co. Commissioner~~ DISTRICT NUMBER 4J

Name of nominee (Print) <u>Tom MARKGRAF</u>	
Residence address (street/route, city, state, county, zip code) <u>211 N. AINSWORTH PORTLAND 97217</u>	Telephone (business) <u>(503) 231-2300</u>
Mailing address to which all correspondence will be sent (street/route, city, state, county, zip code) <u>ABOVE</u>	Telephone (home) <u>503 285-8962</u>

By signing this document, I hereby state:
THAT I shall accept the appointment for the office indicated above;
THAT I shall qualify for said office, if appointed;
THAT I have been a member of said political party, subject to the exceptions stated in ORS 249.046, for at least 180 days before my appointment; and
THAT all information supplied by me on this form is true to the best of my knowledge.

[Signature] March 13/04
Nominee's signature Date signed

Warning: Any person who supplies any information on this form, knowing it to be false, is subject upon conviction to imprisonment for up to five years or to a fine of \$100,000, or both (ORS 260.715).