

Legislative Vacancy
Statement of Nominee's Willingness to Serve

SEL 145

rev 1/14 ORS 171.060

i All information must be completed or the form will be rejected.

This filing is an

☒ Nomination

☐ Election

Filing Officer

☒ Secretary of State

☐ County Elections Official

☐ City Recorder (Auditor)

Nominee Information

Name of Nominee

First

Robert

MI

A.

Last

Nosse

Suffix

Jr.

Residence/Route Address

Street Address

1712 SE 47th AVE

City

Portland

State

OR

Zip

97215

Mailing Address

Street Address or PO Box

City

State

Zip

Contact Information: Only one phone number is required.

Work Phone

503 293-0011

Home Phone

503 235-9889

Cell Phone

971-235-9842

Fax

503 293-0013

Email Address

rob@robnosse.com

Web Site, if applicable

www.robnosse.com

Office Information

Office of:

State Representative

District, Position or County:

House District 42

Party Affiliation:

Democratic Party

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).

Nominees Signature

Date Signed

6/3/2014

Office Use Only Initials _____