

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 Phillip Share MI Last Jackson Suffix

Residence/Route Address

Street Address

City

State

Zip

2035 SE express Ave Portland OR 97214

Mailing Address

Street Address or PO Box

City

State

Zip

Share

Contact Information: Only one phone number is required.

Work Phone

Home Phone

Cell Phone

Fax

503-577-7434 503-233-0241 503-577-7434 — NA

Email Address

Web Site, if applicable

Share @ JacksonORrelations.com

Office Information

Office of:

District, Position or County:

Party Affiliation:

Legislature
Democrat

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).

Nominee's Signature

Date Signed

Office Use Only Initials _____