

Statement of Nominee's Willingness to Serve

SEL 145

rev 1/12, ORS 171.060

Nominee Information (all fields are required)

Candidate Name	Barbara Smith Warner	Party Name	Democrat
Filing for Office of	State Representative	District Number	45
Residence Address, Street/Route	2471 NE 57 th AVE.		
City	PORTLAND	State	OR
		Zip Code	97213
Contact Phone	503-320-4098	Email Address	PDXBARBARA@YAHOO.COM
Mailing Address (All correspondence will be sent to this address)	2471 NE 57 th AVE.		
City	PORTLAND	State	OR
		Zip	97213

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

Signature of Nominee	Barbara Smith Warner	Date Signed	11/26/13
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