

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 <i>Barbara Smith Warner</i>		Date Signed 11/26/13