Candidate Filing Minor Political Party



SEL 110

rev 09/20 ORS 249.720

2020 General Election	Filing Dates						
		oters' Pamphlet Filing			Nomination Withdrawal		
June 3, 2020 to August 2	25, 2020 July 6	, 2020 to Augu	ist 25, 2020		August 28, 2020		a .
Filing Information		W.					
This filing is an	Original		Amend	lment			
Office Information					Ā	UG 2 5 2020	
Filing for Office of:			District, Po	sition or Cou	nty:	DIICKEMMILLE	Clark
Linn County Commissi	oner		Position 3		By S	RUCKENMILLER	i, CIBIR
Candidate Information	n				4:48	pm. 0	Deputy
Name of Candidate							
First	MI	Last			Suffix	Title _.	
Christopher	R	Wade					
Nomination Informati	ion				- + 3	a no sa angara sa	
Which political party's n	omination are you acceptin	g with this filir	ng?				
Constitution	Independent Libe	ertarian	Pacific G	Green [Progressive	Working Fai	milies
Ballot Order Candidates	s nominated by multiple politic	al parties may s	pecify the orde	r of the parties	printed on the ballot	t.	4
Default Order	Party of which candidate is a	member follow	red by no more	than two addit	ional parties listed in	alphabetical order.	
Specified order	1 st	2 ^{nc}	l		3 _{tq}		
If you have previo	ously filed an SEL 101 or ele	ctronic candid	acy filing with	the filing offi	cer for this election	n cycle, skip to the	е
	nation Certificate and Candi						
Candidate Informatio	n Cont.						•
How you would like you	ır name to appear on the b	allot				W444-04-04-04-04-04-04-04-04-04-04-04-04-	
Christopher Wade							
Candidate Residence / F	Route Address						
Street Address		City		State	Zip	County	
1578 59th Ave		Sweet Ho	ne	OR	97386	Linn	
Candidate Mailing Addr	ess and Contact Information	n					
Street Address or PO Bo	x	City		State	Zip		
1578 59th Ave		Sweet Hon	ne	OR	97386		
Work Phone 503-828-2874	Home Phone		Cell Phone 503-508-18	327	Fax		
Email Address			Web Site, if	applicable			
cwade1775@gmail.c	om						
Race and Ethnicity Op	tional				an e g a s		
Occupation (present em	nployment) If not employed,	enter "Not Emp	loyed".				
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Occupational Background (previous employment) If no relevant experience, None or NA must be entered.								
Small Business Owner								
Educational Background (schools attended)								
Complete Name of School Oregon State University	Last Grade Completed	Diploma/Degree/Certificate Bachelor's Degree	Course of Study Management					
Linn-Benton Community College		Associates Degree	General Studies					
ITT Technical Institute		Associates Degree	Network Systems Administration					
Educational Background (other) Attach a separate sh	neet if necessary.							
Prior Governmental Experience (elected or appoir	Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.							
N/A								
Candidate Nomination Certificate								
I swear or affirm the statements on this certificate	and any related docur	ments are true.						
Name of Minor Political Party: LIBERTARIAN Printed Name of Minor Political Party Officer: TIMOTHY PERKINS								
Signature of Minor Political Party Officer	Elahi		igned 08-24-20					
State of OREGON,								
County of Manan	, .1							
Subscribed and swern-to-(or affirmed) before me on 8/24/20 by								
Tipothy Penery 5	·	OFFICIA THEODORE IOSE	L STAMP PH HEN RY YANEZ					
Ja 10		NOTARY PUB	LIC - OREGON					
Notary Public of Oregon		MY COMMISSION EXPIRES	N NO. 985918 S APRIL 08, 2023					
Notary Public Or-Oregon		WIT CONNINCCION EXTENDED	77111120072020					
Campaign Finance Information Not applicable to	candidates for federal offi	ice.						
A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no								
later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they								
meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).								
If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This								
includes changes to the election you are active in and the office you are running for.								
See the Campaign Finance Manual for the procedural and	d legal requirements of es	tablishing and maintaining a candi	date committee.					
Candidate Attestation			** * * * * * * * * * * * * * * * * * *					
By signing this document, I hereby state that:								
 → I will accept the nomination for the office indicated a → I will qualify for said office if elected; 	bove;							
→ All information provided by me on this form is true to the best of my knowledge; and, if applicable								
→ I further state that all information provided by me or used for my filing as a minor party candidate.	n my previously submitted	candidacy filing(s) is true and corr	ect and I understand it will be					
Warning Supplying false information on this for 5 years. (ORS 260.715). A person may only file for filling, all fillings are invalid. (ORS 249.013 and OR	r one lucrative office at th							
		8/20/20	20					
Candidate Signature	-	Date						