Candidate Filing

Major Political Party or Nonpartisan

02-22-16P03:19 RCVD

SEL 101

rev 09/15 ORS 249.031

	didate Withdrawal					
Primary Election May 17, 2016 Filed electronically using ORESTAR						
First Day to File September 10, 2015 January 18, 2016 Last Day to File March 08, 2016 March 10, 2016 March	ch 11, 2016					
General Election November 8, 2016						
First Day to File June 1, 2016 July 11, 2016 Last Day to File August 30, 2016 August 30, 2016 Sep	tember 2, 2016					
All information must be completed or the form will be rejected.						
This filing is an Original Amendment						
Filing Officer						
☐ Secretary of State ☐ County Elections Official ☐ City Recorder (Au	■ County Elections Official □ City Recorder (Auditor)					
Office Information						
Filing for Office of: Treasurer						
District, Position or County: Coos County						
Party Affiliation: Democratic Party Republican Party Independent Party Nonpartisa	an					
Incumbent Judge: Yes No Nondisclosur	e on file					
Paying by Declaration or Petition:						
■ Declaration, with the required fee						
Office Filing Fee Office Filing Fee						
United States President n/a District Attorney \$50 United States Vice President n/a County Judge \$50						
United States Senator \$150 MSD Executive Officer, MAD Director \$100						
United States Representative \$100 MSD Councilor \$25 Statewide Offices \$100 County Office \$50						
· · · · · · · · · · · · · · · · · · ·	er or ordinance					
Circuit Court Judge \$50 Justice of the Peace n/a						
☐ Prospective Petition ☐ Yes ☐ Petition circulators will be paid ☐ Yes ☐	□ No					
Candidate Information						
Name of Candidate						
First MI Last Suffix	Title					
Heather D Fox						
How you would like your name to appear on the ballot						
Heather Fox						
Candidate Residence/Route Address						
Street Address City State Zip	County					
965 E. 5th Coquille OR 97423	Coos					
Candidate Mailing Address						
Street Address or PO Box City State Zip						

Contact Information: Only one phone number is required. Work Phone Home Phone		Cell Ph	one Fax	
541-396-7725	Thems Thems	l	808-5644	
Email Address			ite, if applicable	
HeatherFoxForTre	easurer@gmail	I		
			av NIA must be entered	
Occupation (present e				
Deputy Tax Collector	, rax/Accounting	Specialist, Entrepre	neui	
Occupational Backgro	und (provious ample	nyment) if no relevant a	xperience, None or NA must	he antered
Bookkeeper, AR&AF			xperience, None or waternoon	De entered,
Bookkoopor, 7 k tar k	, moonio rax, oo	J. O.G., y		
				grafia (negara), ila en el producto de desente de la locación de la
Educational Backgrou Complete name of School		d) If no relevant experie Last Grade completed	nce, None or NA must be en Diploma/Degree/Certificate	tered. Course of Study
Hutchinson Community (NA	NA	Accounting
			,	
Educational Background (d	other) Attach a separate	sheet if necessary.		
Prior Governmental Ex	cperience (elected or	appointed) If no releva	ant experience, None or NA	nust be entered.
None				
			•	
Campaign Finance Info	ormation (not applic	able to candidates for		
			rederal office)	
Candidate Committee		able to candidates for	rederal office)	
Yes, I have a candidate				
Yes, I have a candidate No, I do not expect to s	pend more than \$750 or	receive more than \$750 c	uring each calendar year. I und	erstand I must still keep
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_Batch Sheet/CC Approval Code/Receipt Number 26988Office Use Only: Initials _