Candidate Filing



SEL 101

rev 09/19 ORS 249.031

Major Political Party or Nonpartisan ORS 249.031									
Filing Dates	e			Candidate	Filing	Candidate Wit	hdrawal		
Primary Election May 19, 2020	First Day to Last Day to			September : March 10, 2		March 13, 2020			
General Election November 3, 2020	First Day to Last Day to			June 3, 2020 August 25, 2		August 28, 2020			
Filing Information									
This filing is an	Original			Amendr	ment		dam ogs		
Office Information SEP 1 2 2019									
Filing for Office of: TREASURER STEVE DRUCKENMILLER, Clark									
District, Position or County: LINN COUNTY By 98 1.42am County									
Party Affiliation:			Democratic Pa	arty	Republican Part				
Incumbent Judge (for judicial car	ndidates only)	: [Yes	2	No	Nond	isclosure on file		
Filing Method			÷ .						
▼ Fee									
Office United States President United States Vice President United States Senator United States Representative Statewide Offices State senator or Representative Circuit Court Judge	Filing Fee n/a n/a \$150 \$100 \$100 \$25 \$50			Office District Attorn County Judge MSD Executiv MSD Councild County Office City Office Justice of the	ve Officer, MAD Director or	\$50 \$50 \$50 \$100 \$25 \$50 Set by charter on/a	or ordinance		
Prospective Petition, in lieu	of filing fee			Some circula	ators may be paid	Yes	☐ No		
Candidate Information									
Name of Candidate									
First	N	11	Last			Suffix	Title		
MICHELLE	K		HAWKIN	IS					
How you would like your name to appear on the ballot									
MICHELLE K HAWKINS									
Candidate Residence / Route A	ddress			- in					
Street Address			City		State	Zip	County		
30890 WIRTH ROAD			SHEDD		OR	97377	LINN		
Candidate Mailing Address and Contact Information Only one phone number and an email is required.									
Street Address or PO Box			City		State	Zip			
P O BOX 95			SHEDD		OR	97377			
Work Phone 541-967-3861	Home Phor	ne		Cell Phone 541-990	-8170	Fax			
Email Address Web Site, if applicable									
MHAWKINS@CO.LINN	054	18279717							
Race and Ethnicity Optional					HAWKINS, MICHELLE KATHLEEN				
					30890 WIRTH RD SHEDD OR 97377-97				

Occupation (present employment) If not e	employed, enter "Not Employed".		9					
LINN COUNTY TREASURER	1							
Occupational Background (previous employment) If no relevant experience, None or NA must be entered.								
INN COUNTY TREASURER 2001-PRESENT (paid) INN COUNTY BUDGET OFFICER 2001- PRESENT (p INN COUNTY CHIEF DEPUTY TREASURER 1995-20		;						
Educational Background (schools attende	ed)							
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study					
SOUTH ALBANY HIGH SCHOOL	12TH	DIPLOMA	N/A					
LINN BENTON COMM. COLLEGE	N/A	N/A	ACCOUNTING					
Educational Background (other) Attach a separate sheet if necessary.								
Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered. LINN COUNTY TREASURER 2001-PRESENT (elected) LINN COUNTY BUDGET OFFICER 2001-PRESENT (appointed)								
LINN COUNTY CHIEF DEPUTY TREASURER 1995-2000 Campaign Finance Information Not applicable to candidates for federal office.								
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 legal requirements of establishing and maintaining a candidate committee.								
Candidate Attestation								
By signing this document, I hereby state that: → I will accept the nomination for the office indicated above; → I will qualify for said office if elected; → All information provided by me on this form is true to the best of my knowledge; and → No circulators will be compensated based on the number of signatures obtained by the circulator on a prospective petition For Major Political Party Candidates → if not nominated, I will not accept the nomination or endorsement of any political party other than the one named → I have been a member of said political party, subject to the exceptions stated in ORS 249.046, for at least 180 days before the deadline for filing a nominating petition or declaration of candidacy (ORS 249.031). Does not apply to candidates filing for the office of US President.								
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). A person may only file for one lucrative office or not more than one precinct committee person at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)								
		SEPTE	MBER 12, 2019					
Candidate Signature		Date						
For Office User Only Initials	Batch Sl	heet/CC Approval Code/ Receipt	: Number					