## **Candidate Filing**

Major Political Party or Nonpartisan

RCVD FEB27'24AM9:50 POLK COUNTY CLERK

**SEL 101** rev 02/23 ORS 249,031

Filing Dates				Candidate	Filing	Candidate V	Vithdrawal	
Primary Election May 21, 2024	First Day Last Day			September March 12,	•	March 15, 20	24	
General Election November 5, 2024	First Day Last Day			June 5, 202 August 27,		August 30, 20	24	
Filing Information								
This filing is an	Origi	nal		Amend	lment			
Office Information								
Filing for Office of: Treasurer	•							
District, Position or County: Pol	k Coun	ty						
Party Affiliation:	***		Democrati	ic Party	Republican Pa	erty 🔳 No	npartisan	
Incumbent Judge (for judicial can	didates or	ıly):	Yes		☐ No		ndisclosure on file	
Filing Method								
<b>■</b> Fee	A STATE STATE STATE OF THE	a 2020 (1.00 pg)	and the second s		e e more en og promot et promot en type og per til et en og en Og en og		e gertage en anne en men versamen en anne en a	
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 \$25 \$50			County Judg MSD Execut MSD Counci County Offic City Office	District Attorney County Judge MSD Executive Officer, MAD Director MSD Councilor County Office		\$50 \$50 \$100 \$25 \$50 Set by charter or ordinance n/a	
Prospective Petition, in lieu of filing fee					Some circulators may be paid Yes No			
Candidate Information								
Name of Candidate		A = 1	1, .			1.00		
First		MI	Last			Suffix		
Steven	V Milligan							
How you would like your name to appear on the ballot								
Steve Milligan								
Candidate Residence / Route Ad	dress				<del></del>			
Street Address			City	41	State	Zip	County	
266 Clay St W				mouth	OR	97361	Polk	
Candidate Mailing Address and Contact Information Only one phone number and an email is required.								
Street Address or PO Box			City		State	Zip		
266 Clay St W			IVION	mouth	OR	97361		
Work Phone	Home Phone Cell Phone Fax							
503-623-0706	-623-0706 503-269-1373							
Email Address Web Site, if applicable								
milligansv@gmail.com								
Race and Ethnicity Optional								

Occupation (present employment) If not employ	ed, enter "Not Employed".							
Polk County Treasurer								
Occupational Background (previous employment	nt) If no relevant experience	None or NA must be entered.						
Small Business Owner 5 years Accounting 15 years Plant Management/Scheduling/Production	n Management 25 yea	nrs						
Educational Background (schools attended)	<del></del>							
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study					
Chemeketa Community College	14	Associate Degree Accounting						
		Certificate Tax Prep						
		Certificate Procurement						
Educational Background (other) Attach a separate sheet if necessary.								
Prior Governmental Experience (elected or app	cointed) if a set seed on the	Annual Manual Landard						
Polk County Treasurer, present position, 3 years City of Monmouth, Mayor 2 years, City Councilor 12 years, Planning Commission 2 y Central School District 13J, School Board 1 year appointed, Budget Committee 7 ye Mid-Wifsanette Vatey Council of Governments, 4 years Minet, Board Member 5 years, Budget Committee, 7 years, Finance Committee 2 ye	years, Budgel Committee 16 years, Urban Re ars							
Campaign Finance Information Not applicable	to candidates for federal off	ice.						
A candidate must file a Statement of Organization not later than the deadline for filing a nominating petition meet the criteria for an exemption. To meet the criteriand not expect to spend or receive more than \$750 did not expect to spend or rec	n, declaration of candidacy, o ria, the candidate must serve uring the entire calendar yea t amend the statement of org	r certificate of nomination, whichever of as their own treasurer, not have an ex r (including in-kind contributions and postation not later than 10 days after a	occurs first, unless they isting candidate committee, ersonal funds).					
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 indicate  → I will qualify for said office if elected;  → All information provided by me on this form is tru  → No circulators will be compensated based on the information Political Party Candidates  → if not nominated, I will not accept the nomination  → I have been a member of said political party, subject nominating petition or declaration of candidacy (Compensation of Candidacy)	ue to the best of my knowledge number of signatures obtained n or endorsement of any polit ect to the exceptions stated in	ed by the circulator on a prospective per ical party other than the one named in ORS 249.046, for at least 180 days be	fore the deadline for filing a					
Warning Supplying false information on this form may (ORS 260.715). A person may only file for one the person has windrawn from the first filing	lucrative office or not more t	han one precinct committee person at						
		2/27	12024					
Ca		Date/	<u> </u>					