

**Candidate Filing
Minor Political Party**

SEL 110

rev 09/20
ORS 249.720

2020 General Election Filing Dates

Candidate Filing June 3, 2020 to August 25, 2020	Voters' Pamphlet Filing July 6, 2020 to August 25, 2020	Nomination Withdrawal August 28, 2020
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Filing Information

This filing is an Original Amendment

Office Information

Filing for Office of: **Benton County** District, Position or County: **County Commissioner Position 3**

Candidate Information

Name of Candidate

First Cody	MI W	Last Serdar	Suffix	Title
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Nomination Information

Which political party's nomination are you accepting with this filing?

Constitution Independent Libertarian Pacific Green Progressive Working Families

Ballot Order Candidates nominated by multiple political parties may specify the order of the parties printed on the ballot.

Default Order Party of which candidate is a member followed by no more than two additional parties listed in alphabetical order.

Specified order 1st 2nd 3rd

i If you have previously filed an SEL 101 or electronic candidacy filing with the filing officer for this election cycle, skip to the Candidate Nomination Certificate and Candidate Attestation on the back of this form.

Candidate Information Cont.

How you would like your name to appear on the ballot

Cody Serdar

Candidate Residence / Route Address

Street Address 1262 SE Centerpointe Dr	City Corvallis	State OR	Zip 97333	County Benton
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Candidate Mailing Address and Contact Information

Street Address or PO Box 815 NW 9th Street	City Corvallis	State OR	Zip 97330
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Work Phone 5417685157	Home Phone	Cell Phone 3603565702	Fax
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Email Address serdarc7@gmail.com	Web Site, if applicable
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Race and Ethnicity *Optional*

AUG 07 2020

Occupation (present employment) If not employed, enter "Not Employed".

TIME 4:20
deputy:  AM/PM

Physical Therapist - Samaritan Health Services

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

None

Educational Background (schools attended)

Complete Name of School	Last Grade Completed	Diploma/Degree/Certificate	Course of Study
University of St. Augustine for Health Sciences		Doctorate	Physical Therapy
Western Washington University		Bachelor of Science	Exercise Science

Educational Background (other) Attach a separate sheet if necessary.

AT Still University of Health Sciences Doctorate of Health Sciences emphasis in Education expected graduation 2022

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

None

Candidate Nomination Certificate

I swear or affirm the statements on this certificate and any related documents are true.

Name of Minor Political Party: LIBERTARIAN Printed Name of Minor Political Party Officer: TIMOTHY PERKINS

Signature of Minor Political Party Officer: [Redacted] Date Signed 8-6-20

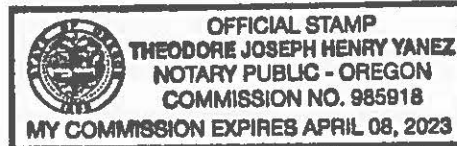
State of OREGON,

County of Marion

Subscribed and sworn to (or affirmed) before me on 8/6/20 by

Timothy Perkins

[Signature]
Notary Public of Oregon



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.

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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, if applicable
- I further state that all information provided by me on my previously submitted candidacy filing(s) is true and correct and I understand it will be used for my filing as a minor party candidate.

AUG 07 2020

Time: 4:20 AM/PM
Notary: [Signature]

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 at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

Candidate Signature [Redacted]

08/03/2020

Date