CITY OF HILLSBORO



April 17, 1991

RECEIVED 1991 APR 19 AM 10: 24

VICKI A. ERVIN, DIRECTOR OF ELECTIONS

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Vicki Ervin, Director of Elections Multhomah County Elections Office 1040 SE Morrison Street Portland, OR 97214

Dear Ms. Ervin:

The cities of Washington County have made the following appointment to the METRO charter commission:

Mary L. Tobias 453 SE Roy Street Sherwood, OR 97140 (503) 625-2274

Please contact me if there is additional information I should provide in connection with this appointment.

Sincerely,

CITY OF HILLSBORO

BY Shirley Huffman, Mayor

cc: Mary Tobias SH:jv



VICKI K. ERVIN Director of Elections 1040 S.E. Morrison St. Portland, Oregon 97214-2495 (503) 248-3720

I HEREBY CERTIFY that on <u>April 30, 1991</u>, <u>City of Hillsboro</u>, <u>Shirley Huffman, Mayor</u> appointed <u>Mary Tobias</u> to the Metro Charter Committee. I further certify that the named appointee is an elector of the Metropolitan Service District and a resident of <u>Washington County</u>.

WITNESS MY HAND AND SEAL this _____ day of ___April_, 1991.

Vieki K. Ervin

Vicki K. Ervin Director of Elections Multnomah County

Rec'd 4/25/91



1040 S.E. Morrison St. Portland, Oregon 97214-2495 (503) 248-3720

April 19, 1991

VICKI K. ERVIN

Director of Elections

RECEIVED 1991 APR 30 PH 12: 48 VICKI K. EEVIK, NRECTOR OF ELECTIONS

TO: Mary L. Tobias

FROM: Vicki Ervin, Election Officer

RE: Appointment to METRO Charter Committee

You have been appointed to serve on the METRO Charter Committee. The law establishing the Committee specifies certain qualifications for all members.

Would you please read the statement below, sign it and return it to our office within 2 days. You may use the enclosed envelope or FAX it to us at 248-3719.

APPOINTEE'S STATEMENT OF QUALIFICATIONS

I hereby certify that I am not an elected or appointed officer or employee of a city, county or district defined in ORS 198.010 (see below). I further certify that I am not engaged, directly or indirectly, in any business with the metropolitan service district which is inconsistent with the conscientious performance of duties as a member of the committee.

Signature

Districts defined in ORS 198.010 include: people's utility district, domestic water supply district, cemetery maintenance district, park and recreation district, mass transit district, metropolitan service district, special road district, road

WARNING: Any person who supplies any information knowin ment for not more than five years or to a line of not more to	TER REGISTRATIC g it to be faise, is <u>subjuit upun</u> convi han \$100.000. or both.	N CARD	OFFICE USE ONLY	
I. NAME (Print or type): _AST T. C. B/A.S. FIRST MAR 2. RESIDENCE ADDRESS:	Y MIDDLE 2 3. COUNTY: L	I. ASH.		
H35 SE. ROY ST. NUMBER STREET OR RT # APT OR ST	SHERWOOD	ZIP 97140	4	
4. MAILING ADDRESS IF DIFFERENT FROM ABOVE:	5. PHONE (O		7. DATE OF BIRTH:	
~ ~/A	A 6.05-2274		4/21/4/	
5. PARTY AFFILIATION: (IMPORTANT: See POLITICAL PARTY AFFILIATION section on attached envelope before completing this section.)			MO / DAY / YEAR	
(Select One)		8. PLACE OF BIRTH:		
□ ← DEMOCRAT □ ← NOT AFFILIATED WITH ANY POLITICAL PARTY		AMARILLO, TX		
A REPUBLICAN			CITY STATE	
3. SPOUSE'S NAME 10. FATHER	and the second	11. MOTHER'S M	AIDEN NAME	
RONALD W.TOBIAS, SR. HULH	SR. HULH L. PATTIE		WATKINS	
12. Have you ever been registered to vote in Oregon?	ES INO. If "YES", complete this	section.	. 01	
COUNTY NAME ON PREVIOUS RI	NAME ON PREVIOUS REGISTRATION		PREVIOUS ADDRESS (If known) Sharward	
NDER PENALTY OF LAW By signing this card. I certify the or 20 days before the next election at which I vote; that I s vote; and that all information I have subplied is true to th	snall be at least to years of age on t	and that I shall have before the date of	ve been a resident of Oregon of the next election at which	

YOUR SIGNATURE YEAR MO. DAY FORM 134M (REV. 8-87)

COM HIS COM

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL Date <u>April 19,1991</u> WASHINGTON COUNTY VELECTIONS DIVISION BY MULL WAS METROPOLITAN SERVICE DISTRICT

ZONE #4

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AT-LARGE

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LECTIONS

VICKI K: ER

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