

Notice of Intent to Participate



CANDIDATE	1	Name: Kent Landgraver			
INFORMATION		Phone: 971-379-0551			
		Office Sought:	☐ Mayor	☐ Auditor	☐ Council District 1
			☐ Council District 2	☑ Council District 3	☐ Council District 4
FILER	2	Treasurer Name: Jef Green Treasurer Phone: 503-295-1851			
INFORMATION		Campaign Address: PO Box 42307, Portland OR 97242			
		Campaign Designee for Email Notifications: Cindi Carrell Designee Email: cindi@c-esystems.com			
FILING TYPE	3	☑ Original Filing	☐ Amendmen	t 🔲 Withdraw	al from program
ACKNOWLEDGEMENTS Candidate must initial each to acknowledge and check the appropriate box.	Z KRL Z KRL	I understand that if I have accepted or made any prohibited contributions or expenditures prior to filing this form, I have 30 days from the day I submit this form to remedy them or I may be subject to penalty and/or denial of certification. Yes, I want the program to determine whether any prior contributions or expenditures need to be cured. I will report them within 14 calendar days of filing this form. I understand the timing of the determination may allow my campaign only 3 business days to cure violations before the cure period ends. No, I don't want or don't need an assessment. I understand that I may not collect matchable contributions until this form has been filed and both my treasurer and I have taken the mandatory training. I understand that this form may be subject to public records requests and the City will publish my name and/or this form on its website. I understand that, after filing this form, I must report all contributions and expenditures from the beginning of the election cycle through today and then must report future contributions and expenditures within the reporting timeline.			
SIGNATURE	5	Sally Kent Landgraver (Jun 17, 2024) Candidate Signa		Jun 17, 2024 Date	
NOTICE OF REQUIRED ATTACHMENTS	6	The following att A completed of the completed of the completed of the completed of the complete of the compl	achments are required (do ACH Vendor Payment Auth ederal W-9 form	not email attachments):	sit Letter from the bank
HOW TO FILE THIS FORM	7	approx we will Option informa Option 2: Mail fo Portlar Option 3: Drop o	imately 7 calendar days, su email you or by mailing th s 2 and 3. Do not email atta ation and our email is not s rm and attachments to Sm d, OR 97204. If form and attachments to	orElections@portlandorego ubmit the required attachment or dropping them off at uchments; they contain finatecure. all Donor Elections, 1120 St 1120 SW 5th Ave during Cit Il Donor Elections program	ents via the secure link the address in ncially sensitive W 5th Ave, Suite 901, ty business hours and

Landgraver NOI to sign

Final Audit Report 2024-06-17

Created: 2024-06-17

By: C&E Systems (laura@c-esystems.com)

Status: Signed

Transaction ID: CBJCHBCAABAA-iFjiKGzludAUv-LYTDbzd9JNptMSqHr

"Landgraver NOI to sign" History

Document created by C&E Systems (laura@c-esystems.com)

2024-06-17 - 5:36:07 PM GMT- IP address: 50.196.19.169

Document emailed to landgraver243@gmail.com for signature 2024-06-17 - 5:37:46 PM GMT

Email viewed by landgraver243@gmail.com 2024-06-17 - 6:00:14 PM GMT- IP address: 66.249.84.71

Signer landgraver243@gmail.com entered name at signing as Kent Landgraver 2024-06-17 - 6:38:23 PM GMT- IP address: 159.121.206.47

Document e-signed by Kent Landgraver (landgraver243@gmail.com)

Signature Date: 2024-06-17 - 6:38:25 PM GMT - Time Source: server- IP address: 159.121.206.47

Agreement completed. 2024-06-17 - 6:38:25 PM GMT

