

**District Candidate Filing**

**SEL 190**

rev 1/12: ORS 255.235

**1** This information is a matter of public record and may be published or reproduced.  Original  Amendment

**Candidate Information**

Candidate Legal Name\*

CAROLANN WRIGHT

Candidate Name (As it should appear on ballot)\*

CAROLANN WRIGHT

Filing for Office of\*

COMMISSIONER

District and/or position (if applicable)\*

ALTO PARK WATER DISTRICT  
POS. 3

Residence Address, Street/Route\*

1735 ENGLEWOOD CT.

City\*

LAKE OSWEGO

State\*

OR

Zip\*

97034

County of Residence\*

MULTNOMAH

Home Phone

503-246-6424

Work Phone

Cell Phone

Fax

Email Address\*

carolannwright@qwestoffice.net

Date of Election\*

Mailing Address (where all correspondence will be sent) Street/Route\*

1735 ENGLEWOOD CT

City\*

LAKE OSWEGO

State\*

OR

Zip\*

97034

\* Indicates a required field. At least one phone number is also required.

**Filing Information**

Filing with the required \$10.00 fee.

Filing by petition with the required signature sheets.

**Required Information (if no relevant information, list "none")**

Occupation present employment - paid or unpaid (required)

RETIRED

Occupational Background previous employment - paid or unpaid (required)

ATTORNEY

RECEIVED  
15 FEB 25 PM 1:10  
TIM SCOTT  
DIRECTOR OF ELECTIONS

**Educational Background schools attended, use attachment if needed (required)**

Complete Name of School (no acronyms)

Last Grade Level Completed

Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)

Course of Study optional

SUFFOLK

UNIVERSITY LAW SCHOOL

J.D.

J.D.

LAW

Other:

Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)

COMMISSIONER, ALTO PARK  
WATER DISTRICT

By signing this document, I hereby certify that:

→ I will qualify for said office if elected

→ All information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box (not applicable to candidates for federal office - US Senate and US Representative):

- By marking this box, I certify I do not have an existing candidate committee and I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the 2012 Campaign Finance Manual.
- By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the 2012 Campaign Finance Manual.

**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). No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013 and ORS 249.170).

CAROL WRIGHT  
Candidate's Signature

FEBRUARY 12, 2015  
Date Signed

For Office Use Only

Initials

n/a - petition  
Cash, Check Number, or credit card approval #

n/a  
Receipt #