

# Filing of Candidacy for Special District Nomination

**SEL 190**  
rev 01/10: ORS 255.235

→ This information is a matter of public record and may be published or reproduced.

**Candidate Information**

Candidate Name <i>LARRY DIXON</i>		Filing for Office of <i>Sub Dist 5#</i>	
How Name Should Appear on Ballot <i>LARRY DIXON</i>		District, Position or Zone Number if applicable <i>Rockwood PUD</i>	
Residence Address, Street/Route <i>342 S.E. Ankeny Cir</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97237</i>	County of Residence <i>Multnomah</i>
Home Phone <i>254-3337</i>	Work Phone <i>255-6777</i>	Cellular Phone	
Fax	Email Address	Date of Election <i>11-2-16</i>	

**Mailing Address** where all correspondence will be sent, Street/Route

City	State	Zip Code
------	-------	----------

**Filing Information**

Filing of candidacy by declaration, with the required \$10.00 fee.

Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

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

**Occupation** present employment – paid or unpaid  
*Small Business owner*

**Occupational Background** previous employment – paid or unpaid  
*HAIR stylist*

RECEIVED  
 10 JUL 19 AM 9:27  
 DIRECTOR OF ELECTIONS

**Educational Background** schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
<i>Hc School Grad.</i>			

Other:

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

**Prior Governmental Experience** elected or appointed

Rockwood water - P.O.O.

**By signing this document, I hereby state:**

- that I will qualify for said office if elected
- that 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:**

- By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the *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 *Campaign Finance Manual*.

Larry Dillon

Candidate's Signature

July 7 - 2010

Date Signed

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

**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).

**For Office Use Only**

Initials *LD*

Cash or Check Number *CASH*

Candidate ID Number

Receipt Number *22348*

Office Number