

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*

RICHARD STENLUND

Candidate Name (As it should appear on ballot)*

Filing for Office of*

BOARD OF DIRECTORS #2

District and/or position (if applicable)*

L SIFD 30J

Residence Address, Street/Route*

13737 NW CHARLTON RD

City*

PORT.

State*

OR

Zip*

97231

County of Residence*

MULT

Home Phone

503-621-3018

Work Phone

503-621-9710

Cell Phone

Fax

Email Address*

Date of Election*

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

13737 NW CHARLTON RD

City*

PORT

State*

OR

Zip*

97231

* 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)

BAILEY NURSERIES

Occupational Background previous employment - paid or unpaid (required)

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

CM RUSSELL HIGH

12

PCC

EMT

Other:

(continued)

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

Prior Governmental Experience elected or appointed (required)

N/A

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).

2013 MAR 20 PM 12:05



Candidate

3-20-13
Date Signed

For Office Use Only

Initials

SJ

Cash, Check Number, or credit card approval #

23054
Receipt #