

# 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

<b>Candidate Information</b>			
<b>Candidate Legal Name*</b> Beth Anne Doyle		<b>Candidate Name (As it should appear on ballot)*</b> Beth Doyle	
<b>Filing for Office of*</b> Board Member		<b>District and/or position (if applicable)*</b> Burlington Water District <i>Pos 3</i>	
<b>Residence Address, Street/Route*</b> 16617 NW Saint Helens Rd.			
<b>City*</b> Portland	<b>State*</b> OR	<b>Zip*</b> 97231	<b>County of Residence*</b> Multnomah
<b>Home Phone</b> 503-621-9854	<b>Work Phone</b> 503-846-8027	<b>Cell Phone</b> 503-516-8354	<b>Fax</b> 503-846-4489
<b>Email Address*</b> bdoyle.np@gmail.com		<b>Date of Election*</b>	
<b>Mailing Address (where all correspondence will be sent) Street/Route*</b> 16617 NW Saint Helens Rd			
<b>City*</b> Portland	<b>State*</b> OR	<b>Zip*</b> 97231	
* Indicates a required field. At least one phone number is also required.			
<b>Filing Information</b>			
<input checked="" type="radio"/> Filing with the required \$10.00 fee.			
<input type="radio"/> Filing by petition with the required signature sheets.			
<b>Required Information (if no relevant information, list "none")</b>			
<b>Occupation present employment – paid or unpaid (required)</b> Nurse Practitioner			
<b>Occupational Background previous employment – paid or unpaid (required)</b> Nurse Practitioner, Washington County HHS, Hillsboro Clinic 08/1999 thru present Nurse Practitioner, Clackamas County Clinic 08/1998 - 08/1999 RN - Operating Room - Providence Portland Medical Center 1990-1999			
<b>Educational Background schools attended, use attachment if needed (required)</b>			
<b>Complete Name of School (no acronyms)</b>	<b>Last Grade Level Completed</b>	<b>Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)</b>	<b>Course of Study optional</b>
Oregon Health Sciences University	Post Master's Certification - 1998		Adult Nurse Practitioner
Oregon Health Sciences University	MS - 1997		Women's Health Care Nurse Practitioner
Oregon Health Sciences University	BSN		Registered Nurse
Western Oregon State	Pre-nursing studies		
Judson Baptist College	General Studies		
<b>Other:</b>			

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 503-846-4489

(continued)

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

**Prior Governmental Experience** elected or appointed (required)

I was previously on the Burlington Water District board for over 10 years when I had to step down due to health issues in my family. I very much enjoyed being an active part of my community in this way, and look forward to returning to this responsibility.

**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).



03/10/13

Candidate's Signature

Date Signed

**For Office Use Only**

TC

Check 4212

23083

Initials

Cash, Check Number, or credit card approval #

Receipt #