

District Candidate Filing

SEL 190

OF 017 009 949 775

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Candidate Information

Candidate Legal Name*

Carole Bilyeu

Candidate Name (As it should appear on ballot)*

Carole Bilyeu

Filing for Office of*

Board Commissioner Lusted Water District #4

District and/or position (if applicable)*

Residence Address, Street/Route*

6726 SE 302

City*

Bresham

State*

OR

Zip*

97080

County of Residence*

Multnomah

Home Phone

503-661-3219

Work Phone

Cell Phone

Fax

Email Address*

Carole Plus @ Frontiers . Com

Date of Election*

May Special Election

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

6726 SE 302

City*

Bresham

State*

OR

Zip*

97080

* 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)

Business office Mt Hood Community College
Grants & Contracts
Purchases

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

Pekin High School

12 grade

Other:

Required information (if no relevant information, list "None" or "N/A")

Prior Governmental Experience elected or appointed (required):

None

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 (S.O.C.C.) 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 200.715). 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).

Candidate Name: 

3-13-13
 Date Signed

For Office Use Only


 Initials

5346
 Cash, Check Number, or credit card approval #

105
 Receipt #