his information is a matter of p	public record and may be	published or reproduc	ced. 🗑 Origi	nal O Amendr	16111
andidate Information andidate Legal Name* ames Dean Stanley		James D. Stan	өу	appear on ballot)	• • •
iling for Office of* leasant Home Water District	water Bi	District and/or pard Memb	position (if ap	plicable)* uss(oney) Pos	ition +
esidence Address, Street/Rout 1025 SE Bluff Road	e*				
ity* Bresham	State* OR	Zip* 97080	County Multno		
lome Phone 503.663.1920	Work Phone	Cell Phone 503.961.3		Fax	
mail Address* stanleys34@comcast.net		ay 21,20	13		
Aailing Address (where all corr 31025 SE Bluff Road	espondence will be sent)	Street/Route*			
	State*	Zip*			
Gresham * Indicates a required field. At	🖬 OR	97080			
Required Information (if no rele Occupation present employme Retired	ent – paid or unpaid (requi	ired) 			
Occupational Background prev		or unpaid (required)		: 1 .	0
Nursery owner since 19					
Nursery owner since 19	· ·				
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Nursery owner since 19 Educational Background schoo Complete Name of School (no	ols attended, use attachmo acronyms) Last Grade Completed	Level Diploma) /Degree/Certifi BS, MA, PhD, e	etc) option	
Educational Background school	acronyms) Last Grade	Level Diploma	Degree/Geron		al
Educational Background schoo Complete Name of School (no	acronyms) Last Grade	Level Diploma	BS, MA, PhD, e	etc) option	al
Educational Background schoo Complete Name of School (no Portland State University	acronyms) Last Grade Completed	Level Diploma (AA, BA,	BS, MA, PhD, e	etc) option	al

(continued)

SEL 190

Required Information (if no relevant information, list "none" or "n/a") **Prior Governmental Experience** elected or appointed (required) **elected Pleasant Home Water District Commissioner** $\frac{Q}{22}$

a/2006 -present

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.
- O 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).

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Date Signed

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

Receipt #