

District Candidate Filing

SEL 190

rev 1/12: ORS 255.235

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Candidate Information

Candidate Legal Name* JOHN BENDER OSSMANN Candidate Name (As it should appear on ballot)* JOHN B. OSSMANN

Filing for Office of* COMMISSIONER, VALLEY VIEW WATER DISTRICT District and/or position (if applicable)* POSITION 5

Residence Address, Street/Route* 3804 SW 50TH AVE

City* PORTLAND State* OR Zip* 97221 County of Residence* MULTNOMAH

Home Phone _____ Work Phone _____ Cell Phone 503-970-2471 Fax _____

Email Address* jossmann@silgancontainers.com Date of Election* _____

Mailing Address (where all correspondence will be sent) Street/Route* 3804 SW 50TH AVE

City* PORTLAND State* OR Zip* 97221

* 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) TECHNICAL SERVICE REPRESENTATIVE

Occupational Background previous employment - paid or unpaid (required) TECHNICAL SERVICE REPRESENTATIVE

DIRECTOR
2013 MAR 11 PM 12:31

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
<u>U OF CALIFORNIA - DAVIS</u>		<u>MS</u>	
<u>KANSAS STATE UNIVERSITY</u>		<u>BS</u>	

Other: _____

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

Prior Governmental Experience elected or appointed (required)

Commissioner, Valley View Water District

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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).



3/8/13

Candidate's Signature

Date Signed

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

Receipt #