

District Candidate Filing

SEL 190  
rev 1/12: ORS 256.235

This information is a matter of public record and may be published or reproduced.  Original  Amendment

Candidate Information

Candidate Legal Name\*

PATRICK A DAVIES

Candidate Name (As it should appear on ballot)\*

Filing for Office of\*

IW PUD

District and/or position (if applicable)\*

5

Residence Address, Street/Route\*

21352 NE Blue Lake Road

Multnomah

City\*

Fairview

State\*

OR

Zip\*

97024

County of Residence\*

Multnomah

Home Phone

503-667-4037

Work Phone

Cell Phone

503-310-0713

Fax

N/A

Email Address\*

onthelake11@frontier.com

Date of Election\*

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

21352 NE Blue Lake Rd-

City\*

Fairview

State\*

OR

Zip\*

97024

\* 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)

Occupational Background previous employment - paid or unpaid (required)

past board member - IW PUD

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

Portland State Univ - Graduated

BS

Business Admin

Other:

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

Prior Governmental Experience elected or appointed (required)

*elected to Board X2 -*

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).

Candidate



Date Signed

*8-20-12*

For Office Use Only

Initials

*(W)*

Cash, Check Number, or credit card approval #

*3061*

Receipt #

*22868*