Candidate Information				
Candidate Legal Name*		Candidate Name (As it should appear on ballot)* Thomas E. Caufield District and/or position (if applicable)*		
Thomas E. Caufield				
Filing for Office of*				
Interlachen Water People's L	Hility District	Positi	bn#4	
Residence Address, Street/Route* 21442 NE Interlach	•			
City/*	State*	Zip*	County of Residence*	
Fairview	Oregon	97024	Multnomah	
Home Phone Work	Phone	Cell Phone	Fax	
503-318-4363		503-318-4	363	
Email Address*	Date of Election*			
tecanfield e smail. con	m			
Mailing Address (where all corresponder		:/Route*	275 275	
21442 NE Interlach	en La		1764 1768	
City* Fair View	State* Oregon	Zip* 97024	23	
* Indicates a required field. At least one				
Filing Information		·	T10 T13	
Filing with the required \$10.00 fee.			$\widetilde{\varphi}$	
O Filing by petition with the required sig	inature cheets	***************************************	**************************************	
Required Information (if no relevant information present employment - paid of Manager Caufi'eld Brass Occupational Background previous employment - Caufi'eld Brass Occupational Background previous employment - Completer - Complete Name of School (no acronyms Oregon State University Oregon State University	or unpaid (required) + Caufield forment-paid or unpaid City of Portlan Z004-Z011 Hand, Burea Engineering chional Forest	d, Bureau of eu of Environ 1978-2004 Grangeville, la	Transportation, Maintenant maintal Services, claho, 1976-78 (Certificate Course of Study	
Name State Illing it.	16	3.5.	AA EL /	
Cregori State Comversity		D. ~.	Prasnemoti CS	
Other:				

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

Prior Governmental Experience elected or appointed (required)

Board Member, Interlachen Water People's Utility District, 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.



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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).

		8/20	/12
Candidate's Signature	<i>v</i>	Date	Signed

For Office Use Only

<u> (S)</u>

Cash, Check Number, or credit card approval #

22864

Receipt #