

# Filing of Candidacy for Special District Nomination

**SEL 190**

rev 01/10: ORS 255.235

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**Candidate Information**

Candidate Name Madonna Ruth Edgell Filing for Office of Position 3  
Donna Edgell Commissioner Lusted Water District

How Name Should Appear on Ballot Donna Edgell District, Position or Zone Number if applicable

Residence Address, Street/Route/ 30748 SE Division Dr

City <u>Troutdale</u>	State <u>OR</u>	Zip Code <u>97060</u>	County of Residence <u>Multnomah</u>
Home Phone <u>503/663-7089</u>	Work Phone <u>N/A</u>	Cellular Phone <u>—</u>	
Fax <u>—</u>	Email Address <u>—</u>	Date of Election <u>May 17, 2011</u>	

Mailing Address where all correspondence will be sent, Street/Route 30748 SE Division Dr

City <u>Troutdale</u>	State <u>OR</u>	Zip Code <u>97060</u>
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**Filing Information**

- Filing of candidacy by declaration, with the required \$10.00 fee.
- Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

**Required Information** (if no relevant information, list "none")

Occupation present employment – paid or unpaid

Retired

Occupational Background previous employment – paid or unpaid

Registered Nurse

Director/Registrar  
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**Educational Background** schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
<u>MT Angel Academy</u>	<u>senior</u>	<u>A Highschool Diploma</u>	
<u>MT Marty College</u>	<u>senior 12<sup>th</sup> grade</u>	<u>BS in Nursing</u>	<u>BSN</u>
<u>Oregon Health Sciences University</u>		<u>MSN</u>	<u>nursing</u>
<u>Burke Rehab Center / Cornell University</u>		<u>certificate</u>	<u>post MS degree</u>
Other:			

Required Information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed

served as Commissioner for Lusted Water District  
past 3.6 years

Initially temporary position (appointed)  
then elected term

By signing this document, I hereby state:

- that I will qualify for said office if elected
- that 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:

- By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the 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 Campaign Finance Manual.

Candidate's Signature

[Redacted Signature]

3/8/2011  
Date Signed

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**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).

For Office Use Only

Initials *[Handwritten Signature]*

Cash or Check Number 2732

Candidate ID Number

Receipt Number 22539

Office Number