

District

i All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Candidate Information

Name of Candidate				
First	MI	Last	Suffix	Title
Madonna	Ruth	Edgell	Ms →	

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Donna	-	Edgell	

Candidate Residence/Route Address

Street Address	City	State	Zip
30748 SE Division Dr	Troutdale	OR	97060

Candidate Mailing Address

Street Address or PO Box	City	State	Zip

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	503/663-7089	used only as emergency ph	
Email Address		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Board of Commissioners Position 3

District, Position or County: Lusted Water District

Occupation (present employment) If no relevant experience, None or NA must be entered.

NA

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

NA

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 TIM SCOTT
 DIRECTOR OF ELECTIONS

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Oregon Health Science Univ	Master's Degree	Degree	Nursing

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

- Yes, I have a candidate committee.
- No, 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 Campaign Finance Manual.
- No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

By signing this document, I hereby state that:

- I will qualify for said office if elected
- all information provided by me on this form is true to the best of my knowledge



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). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Melonna Ruth Egell
Candidate's Signature

3/5/15
Date Signed

For Office Use Only Initials ME

CC Approval Code/Receipt Number 23436 / 3403