

# District Candidate Filing

**SEL 190**  
rev 1/12: ORS 255.235

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<b>Candidate Information</b>			
Candidate Legal Name* PERKINS <b>Edward Royce</b>	Candidate Name (As it should appear on ballot)* ED PERKINS		
Filing for Office of* COMMISSIONER	District and/or position (if applicable)* BURLINGTON WATER DISTRICT		
Residence Address, Street/Route* 17885 N.W. St. Helens Road			
City* Portland	State* Oregon	Zip* 97231	County of Residence* MULTNOMAH
Home Phone 503-621-3702	Work Phone	Cell Phone	Fax
Email Address* NA	Date of Election* <b>5/19/15</b>		
Mailing Address (where all correspondence will be sent) Street/Route* 17885 N.W. St. Helens Road, Portland, OR 97231			
City* PORTLAND	State* OREGON	Zip* 97231	
* Indicates a required field. At least one phone number is also required.			
<b>Filing Information</b>			
<input checked="" type="radio"/> Filing with the required \$10.00 fee.			
<input type="radio"/> Filing by petition with the required signature sheets.			
<b>Required Information</b> (if no relevant information, list "none")			
Occupation present employment – paid or unpaid (required) NONE			
Occupational Background previous employment – paid or unpaid (required) NONE			
<b>Educational Background</b> 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
<b>NA</b>			
Other:			

(continued)

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

Prior Governmental Experience elected or appointed (required)

NA

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).

RECEIVED  
 FEB -9 AM 10:54  
 TIM SCOTT  
 DIRECTOR OF ELECTIONS

Ed Perkins

@ 2-9-15  
Date Signed

Candidate's Signature

For Office Use Only

Initials  
SJ

\$10.00

23374

Initials

Cash, Check Number, or credit card approval #

Receipt #