Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p. 503.986.1518 | f. 503.373.7414 | www.oregonvotes.org

Filing of Candidacy for Special District Nomination

SEL 190 rev 01/10. ORS 255 235

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Candidate Information				
Candidate Name	Filing for Office of			
(Ten Livingster)	Director			
How Name Should Appear on Ballot	District, Position or Zone Number if applicable			
Glan Livingston	Sand low School Bish # T Zan			
Residence Address, Street/Route	·			
15085W Hume 5t.				
City	Zip Code County of Residence			
Po-Harry OR	Cellular Phone			
Home Phone Work Phone	97219 Malfording Cellular Phone 503-828-6507			
	Date of Election			
Fax Email Address	•			
Mailing Address where all correspondence will be sent, Street/Ro	whicher May (72011			
Mailing Address where all correspondence will be sent, Street/ No	oute			
City Fortland State Or	Zip Code 07219			
City Fortland State Or	77219			
! 				
Filing Information				
Filing of candidacy by declaration, with the required \$10.00 fee.				
O Filing of candidacy by petition, with the required signature sheet of the electors residing in the electoral district for the office (whi	is bearing the signatures of at least 25 electors or attleast 10% ichever is less), certified by the appropriate county elections officials.			
Required Information (if no relevant information, list "none")				
Occupation present employment – paid or unpaid				
Occupational Background previous employment – paid or unpaid				
Occupational Background previous employment - paid or unpaid				
Exterior Remodeling (antractor 3			
FX 16110: Kemedali.	6 8 8			
·				
Educational Background schools attended, use attachment if need Complete Name of School no acronyms Last Grade Level	Diploma/Degree/Certificate Course of Study (AA, BA, BS, MA, PhD, etc) optional			
U. S. Grant High School)	(AA, bA, ba, MA, Filb, etc) Optional			
Portland Community College	Custome Service/ Gradit Rep			
,				
Other:				

Prior Governmental Experience elected or appointed					
None					
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	•				•
	•				•
	•				
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 and prior governmental experience, is true to the best of		educational and	d occupation	al background	t
Check the applicable box:	. 3.			•	
By marking this box, I certify I do not have an existing car or receive more than \$350 during each calendar year. I ur	ndidate's committe	ee and I do not	expect to sp	end more tha	an \$350 ions and
if total contributions or total expenditures exceed \$350 d					
Campaign Finance Manual. ☐ By marking this box, I certify that I have already filed or w	ر vill soon file a State	ement of Orga	nization for 0	Candidate Cor	nmittee
(SEL 220). For detailed instructions, see the <i>Campaign Fi</i>	nance Manual.				
			•		
		3/			
Camelidate's Signature			Date Signer	20/	
Caratague o Orginaturo		. (Date digile	-	
This information is a matter of public record and ma	ay be published	or reproduce	ed.		1
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Warning			f +- #10F	000	iona for
Supplying false information on this form may result in c up to 5 years. (ORS 260.715) No person may be a cand	idate for more thar	n one district of	fice, unless t	the district ha	s less than
10,000 electors residing in the district. No person may l at the same election. (ORS 249.013).	be a candidate for i	more than one	position on t	he same boar	d to be filled
	•				
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For Office/Use Only					ing the second of the second
nitials Cash of Check	Number		Candidate ID	Number	
⟨ CS X Receipt Number Office Number O					
To contract the contract of th		out to a Alexiste Health	r da solde bir d	Kuntaka di XII ili A	4. 1965. Ashro 2. 正原· (4. 41).

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