District Candidate Filing

SEL 190

ov 1/12: ORS 255-235

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Candidate Information	La mara de la compania de mara		
Candidate Legal Name*	Candidate Name (As it should appear on ballot)*		
Filing for Office of*	District and/or position (if applicable)*		
COMMISSIONEC	A to Pack Water District, Vosition 5		
Residence Address, Street/Route* 1730 ENG LOWOUD CT			
City LAKE OSWEGO OR	21p* County of Residence* 97034 Multward		
Home Phone Work Phone	Cell Phone Fax		
503 2449490 503 982 700/	<u> </u>		
Email Address* Date of Election*			
Mailing Address (where all correspondence will be sent) Street.	/Route*		
1730 Englewood CT			
City* LAKE OS WEGU State*OR	2ip* 97034		
* Indicates a required field. At least one phone number is also	o required.		
Filing Information	•		
O Filing with the required \$10.00 fee.			
6-Filing by petition with the required signature sheets.			
Required Information (if no relevant Information, list "none")			
Occupation present employment - paid or unpaid (required)	/ /		
DIB CACP PUCChASING	ilsales mor		
Occupational Background previous employment - paid or unpa			
28 x13 Parchasing / Safes			
	ISF DIRECT		
	EC 5		
	100 TEB CE		
Educational Darkens and also also also ded as a second	□		
Educational Background schools attended, use attachment if ne Complete Name of School (no acronyms) Last Grade Level / / / Completed	eded (required) Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc) Optional		
Poll Molate My	Ω		
- TOTANA STAND VININ GTACI	3213H		
The Dalle 1-1.5. 12			
Other:			

Required Information (if no relevant information, list "none" or "n/a") Prior Governmental Experience elected or appointed (required)		
	Park Water District Commissioner	
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		•
→ I will qualify for→ All information	document, I hereby certify that: or said office if elected or provided by me on this form, including my occupation, educational and occupational backg emmental experience, is true to the best of my knowledge	round,
Check the applic	able box (not applicable to candidates for federal office - US Senate and US Represen	tative):
~ €	By marking this box, I certify I do not have an existing candidate committee and I do not ex \$750 or receive more than \$750 during each calendar year. I understand I must still keep retransactions and if total contributions or total expenditures exceed \$750 during a calendar requirements detailed in the 2012 Campaign Finance Manual.	pect to spend more than cords of all campaign
0	By marking this box, I certify that I have already filed or will soon file a Statement of Organ Committee (SEL 220). For detailed instructions, see the 2012 Campaign Finance Manual.	ization for Candidate
up to 5 yea 10,000 ele	false information on this form may result in conviction of a felony with a fine of up to \$125,000 ars. (ORS 260.715). No person may be a candidate for more than one district office, unless the ctors residing in the district. No person may be a candidate for more than one position on the e election. (ORS 249.013 and ORS 249.170).	district has less than
		·
	1-19-	15
Candidate's Sig	nature Date Signed	
For Office Use C	Onty/	
68	N/a - Petitim Cash, Check Number, or credit card approval #	NG
Initials	Cash, Check Number, or credit card approval #	Receipt #