rev 01/14 ORS 255.235

All information must be completed or the form will be rejected.						
This filing is an	Original	Ar	nendment			
Candidate Information				İ		
Name of Candidate		<u>.</u>				
First	MI Last		Suffix	Title		
Robert W. Coen						
How you would like your name to appear on the ballot						
First	MI Last		Suffix			
Robert	<u> </u>	en	1			
Candidate Residence/Route Address						
Street Address		City	State	Zip		
11011 S.E . 222	Ind Dr.	Damaseus	OR	97689		
Candidate Mailing Address						
Street Address or PO Box		City	State	Zip		
11011 S.E. 22	2nd Dr.	Damascus	OR	97089		
Contact Information: Only one phone number is required.						
Work Phone Home F	hone	Cell Phone	Fax			
503.780.6997	N/A	503.7806997	プラー しい	6.1924		
Email Address Web Site, if applicable						
Email Address Web Site, if applicable www.bcigroup.com						
Filing Information		<u>.</u>	<u> </u>			
Filing with the required \$10.00 fee						
Prospective Petition						
Office Information						
Filing for Office of: MHCC Board Member						
District, Position or County:						
Occupation (present employment) If no relevant experience, None or NA must be entered.						
BCI Group, CEO						
PH IZ:						
Occupational Background (previous employment) If no relevant experience, None or NA must be entered.						
Employee benefits, group retirement plans and corporate						
Consulting.						

Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			
Supplying false information on this for up to 5 years. (ORS 260.715). A person			
all illior mation provided by file of the	is form is true to the best of	my knowledge	
 → I will qualify for said office if elected → all information provided by me on the 	is form is true to the host of	Fmy knowlodgo	
y signing this document, I hereby state that:			
No, but will be filing a Statement of Organiza	ation for Candidate Commit	tee (SEL 220).	
follow the requirements detailed in the Cam	paign Finance Manual.		uring a calendar year, i must
No, I do not expect to spend more than \$750 records of all campaign transactions and if to	O or receive more than \$750	during each calendar year	. I understand I must still keep
Yes, I have a candidate committee.	_		-
Candidate Committee		<u></u>	
Campaign Finance Information (not applicable	to candidates for federal or	ffice)	
		· <u>.</u> .	
Elected to the MtCC	Board.		
Prior Governmental Experience (elected or app		rience, None or NA must b	e entered.
Educational Background (other) Attach a separa	ete sheet if necessary.		<u>, </u>
	-		
	J		
——————————————————————————————————————	College Grad.	whachelor of	
Complete name of School (no acronyms) Willamette University	Last Grade completed	Diploma/Degree/Certifi	

CC Approval Code/Receipt Number 23437 /ccd