❶ *This information is a matter of public record and may be published or reproduced.* ⊘ Original   ○ Amendment

Candidate Information

Candidate Legal Name*
ROBERT STEPHEN LEEB

Candidate Name (As it should appear on ballot)*
ROBERT LEEB

Filing for Office of*
ALTO PARK WATER DISTRICT COMMISIONER

District and/or position (if applicable)*
Pos. 1

Residence Address, Street/Route*
1050 SW ENGLEWOOD DRIVE

City*	State*	Zip*	County of Residence*
LAKE OSWEGO	OR	97034	MULTNOMAH

Home Phone	Work Phone	Cell Phone	Fax
503-246-1798	503-228-2840		

Email Address*
RSLSRL@HOTMAIL.COM

Date of Election*
MAY 19, 2015

Mailing Address (where all correspondence will be sent) Street/Route*
1050 SW ENGLEWOOD DRIVE

City*	State*	Zip*
LAKE OSWEGO	⊞ OR	⊞ 97034

* Indicates a required field. At least one phone number is also required.

Filing Information

☑ Filing with the required $10.00 fee.

☒ Filing by petition with the required signature sheets.

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

Occupation present employment – paid or unpaid (required)
ARCHITECT

Occupational Background previous employment – paid or unpaid (required)
ARCHITECT

Educational Background 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
ILLINOIS INSTITUTE OF TECHNOLOGY		BACH OF ARCH	

Other:

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

Prior Governmental Experience elected or appointed (required)
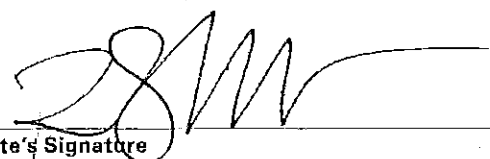
ALTO PARK WATER DISTRICT COMMISIONER

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).

_____   2/4/2015
Candidate's Signature   **Date Signed**

For Office Use Only

_____   N/a -petition   N/a
Initials   Cash, Check Number, or credit card approval #   Receipt #