Filling of Candidacy for Special District Incline

This information is a matter of public record and may be published or reproduced. Candidate Information Filing for Office of Candidate Name Commissioner ROBERT S. LEEB District, Position or Zone Number if applicable How Name Should Appear on Ballot ROBERT S. LEEB Residence Address, Street/Route 1050 ENGLEWOOD DRIVE County of Residence Zip Code State 97034 OREGON LAKE OSWEGO MIDLT. Cellular Phone Work Phone Home Phone Date of Election Email Address Fax MAY 17, 2011 Mailing Address where all correspondence will be sent, Street/Route Zip Code City State Filing Information O Filing of candidacy by declaration, with the required \$10.00 fee. O Filing of candidacy by petition, with the required signature sneets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials. Required Information (if no relevant information, list "none") Occupation present employment - paid or unpaid Me S Educational Background schools attended, use attachment if needed Course of Study Last Grade Level Diploma/Degree/Certificate Complete Name of School no acronyms Completed (AA, BA, BS, MA, PhD, etc) optional

Other

503-242-9001

T-108 P.009/010 F-00

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

Prior Governmental Experience elected or appointed

ALTON PARK WATER DISTRICT COMMISSIONER

By signing th	is document, l	l hereby staτe;
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- → that I will qualify for said office if elected
- → that 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:

- By marking this box, I certify I go not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year. I must follow the requirements detailed in the 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 Campaign Finance Manual.

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Date Signed '

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Warning

Supplying false information on this form may result in conviction of a falony with a fine of up to \$125,000 and/or prison for tup 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 alectors 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).

For Office Use Only
Petition
Initials Cash of Check Number Candidate

Candidate ID Number

Receipt Number

Office Number