

Filing of Candidacy for Special District Nomination

SEL 190
rev 01/10: ORS 255.235

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Candidate Information

Candidate Name Bob Coen		Filing for Office of MACC Board Member	
How Name Should Appear on Ballot Robert W. Coen		District, Position or Zone Number if applicable #5	
Residence Address, Street/Route 11011 SE 222nd Dr.			
City Damascus	State OR	Zip Code 97089	County of Residence Clackamas
Home Phone 503-6588143	Work Phone 5034961904	Cellular Phone 5037806997	
Fax	Email Address Bob@bci-grp.com	Date of Election 2011	
Mailing Address where all correspondence will be sent, Street/Route "Residence Address"			
City "	State "	Zip Code "	

Filing Information

- Filing of candidacy by declaration, with the required \$10.00 fee.
- Filing of candidacy by petition, with the required signature sheets 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

Occupational Background previous employment - paid or unpaid

BCI Group, Inc.
Robert Coen, President
1990 - Current

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 2011 FEB - 9 PM 2:26
 TMSO/JIT

Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
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Willamette University	Graduated	BA	

Other:

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

Prior Governmental Experience elected or appointed

None; as direct employee

Board Member; Non Profit Federally
Funded State Wide
Organization

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 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 do 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.

[Redacted Signature]

2/11/11

Candidate's Signature

Date Signed

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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 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).

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For Office Use Only

SS
Initials
22490
Receipt Number

Cash or Check Number
Office Number

Candidate ID Number