

District Candidate Filing

AUG 25 2014

SEL 190

rev 1/12: ORS 255.235

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

Candidate Information

Candidate Legal Name\* YUVAL GOLAN | Candidate Name (As it should appear on ballot)\*

Filing for Office of\* INTERLACHEN Water pud | District and/or position (if applicable)\* # 2

Residence Address, Street/Route\* 20728 NE INTERLACHEN LN.

City\* FAIRVIEW | State\* OR | Zip\* 97024 | County of Residence\* MULTNOMA

Home Phone 818 219 6909 | Work Phone | Cell Phone | Fax

Email Address\* YUVALJGOLAN@GMAIL.COM | Date of Election\* NOV 2014

Mailing Address (where all correspondence will be sent) Street/Route\* 20728 NE INTERLACHEN LN. FAIRVIEW

City\* FAIRVIEW | State\* OR | Zip\* 97024

\* 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)

Occupational Background previous employment - paid or unpaid (required)

Handy man/sprinklers man/Landscap - 35 years.

RECEIVED
14 AUG 25 AM 8:18
TIM SCOTT
DIRECTOR OF ELECTIONS

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
High school

Other:

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

**Prior Governmental Experience** elected or appointed (required)

**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).

Signature redacted

Candidate's signature

8/21/14  
Date Signed

**For Office Use Only**

(W)  
Initials

659  
Cash, Check Number, or credit card approval #

2322  
Receipt #