## Filing of Candidacy for Special District Nomination

SEL 190 rev 01/10: ORS 255.235

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Candidate Information	T
Candidate Name Terry E. Schulz	Filing for Office of
	District, Position or Zone Number if applicable
How Name Should Appear on Ballot	District, Position or Zone Number if applicable
Terry Schulz	Interlachen PUD Board Position 3
Residence Address, Street/Route	
21032 N.T. Interlachen	Ln,
21032 N.F. Intertachen City Fairview OR	Zip Code County of Residence  97024 Multuomah
Home Phone Work Phone	Cellular Phone
503-645-6880	971-244-2716
Fax Email Address	Date of Election
gales @prodigy.net	Nov. 2 2010
Mailing Address where all correspondence will be sent, Street/Ro	
21032 N.E. Interlachen Ln.	
City State	Zip Code
City Fairview OR	97024
Filing Information	
Filing of candidacy by declaration, with the required \$10.00 fee.	
O Filing of candidacy by petition, with the required signature shee	to heaving the signatures of at least 25 electors or at least 10%
of the electors residing in the electoral district for the office (wh	ichever is less), certified by the appropriate county elections officials.
Required Information (if no relevant information, list "none")	
Occupation present employment – paid or unpaid	
Ketired	
Occupational Background previous employment – paid or unpaid	
	•0
Instructor-Administrater Mt	Hood C.C.
7 1711 721 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	
Educational Background schools attended, use attachment if nee	ded Diploma/Degree/Certificate Course of Study
Complete Name of School no acronyms Last Grade Level Completed	(AA, BA, BS, MA, PhD, etc) optional
- " •	
	. 1 1
Central Wash State U BA	Industrial Ed
Ottamoma State V MS	
OKIAMOMA //a/EV /1)	
Other:	-
Januar.	

Re	guired information (if no relevant information, list "none")
	ior Governmental Experience elected or appointed
	Interlachen PVD board member for Tyears
fessio	
-	y 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
x	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.
	1 17 2010

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Candidate's Signature

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).

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For Office Use Only

رو Initials

Cash or Check Number

Candidate ID Number

Date Signed

22359

Receipt Number

Office Number