

**Candidate Filing  
District**

**SEL 190**

rev 01/14  
ORS 255.235

**i** All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

**Candidate Information**

Name of Candidate				
First	MI	Last	Suffix	Title
Sean	R	Connor		Director

**How you would like your name to appear on the ballot**

First	MI	Last	Suffix
Sean	R	Connor	

**Candidate Residence/Route Address**

Street Address	City	State	Zip
20693 Riverside Dr NE	St Paul	OR	97137

**Candidate Mailing Address**

Street Address or PO Box	City	State	Zip
PO Box 5	St Paul	OR	97137

**Contact Information: Only one phone number is required.**

Work Phone	Home Phone	Cell Phone	Fax
	503-633-4321		
Email Address		Web Site, if applicable	
sean.connor@countryfinancial.com			

**Filing Information**

<input checked="" type="checkbox"/> Filing with the required \$10.00 fee
<input type="checkbox"/> Prospective Petition

**Office Information**

Filing for Office of: St Paul Fire Department
District, Position or County: Position 3

**Occupation (present employment) If no relevant experience, None or NA must be entered.**

Financial Services Business owner - 1993 to present
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**Occupational Background (previous employment) If no relevant experience, None or NA must be entered.**

Financial Services sales
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SEL 190

*OCM*  
*ETP*

D

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Western Oregon University	16	Bachelor of Science in Business	Business

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

St Paul Fire Department position 3

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

- Yes, I have a candidate committee.
- No, 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 Campaign Finance Manual.
- No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

By signing this document, I hereby state that:

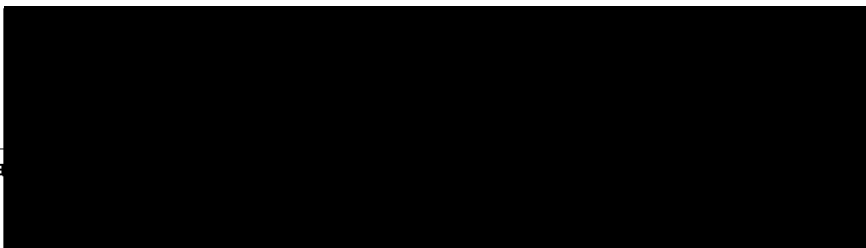
- I will qualify for said office if elected
- all information provided by me on this form is true to the best of my knowledge



**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). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Candidate



2-17-15

Date Signed

FEB 26 2015

BILL THORNTON COUNTY CLERK  
 15 FEB 26 A9:18  
 MARION COUNTY, OREGON  
 CLERK

For Office Use Only

Initials

*[Handwritten initials]*

CC Approval Code/Receipt Number

CL 7871  
203398

**Candidate Filing**  
**District**

**SEL 190**

rev 01/14  
ORS 255.235

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Original

Amendment

**Candidate Information**

**Name of Candidate**

First	MI	Last	Suffix	Title
James	D	Bernards		

**How you would like your name to appear on the ballot**

First	MI	Last	Suffix
James	D	Bernards	

**Candidate Residence/Route Address**

Street Address	City	State	Zip
4010 Blanchet Ave NE	St. Paul	OR	97137

**Candidate Mailing Address**

Street Address or PO Box	City	State	Zip
P.O. Box 243	St. Paul	OR	97137

**Contact Information: Only one phone number is required.**

Work Phone	Home Phone	Cell Phone	Fax
503-633-1111	503-633-4511	503-519-5368	

Email Address	Web Site, if applicable

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Office Information**

Filing for Office of: St. Paul Fire District Board  
District, Position or County: Position 5

**Occupation (present employment) If no relevant experience, None or NA must be entered.**

Clerk

**Occupational Background (previous employment) If no relevant experience, None or NA must be entered.**

Ag Consultant

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SEL 190

*ECM*  
*ES*

Educational Background (schools attended) If no relevant experience, None or NA must be entered.			
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Oregon State University		B.S.	General Ag.

Educational Background (other) Attach a separate sheet if necessary.

**Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.**

St. Paul Planning Commission - appointed

**Campaign Finance Information (not applicable to candidates for federal office)**

**Candidate Committee**

Yes, I have a candidate committee.

No, 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 Campaign Finance Manual.

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[Redacted Signature] \_\_\_\_\_ 2-18-2015  
Date Signed

DEPUTY  
 BILL BURGESS, COUNTY CLERK  
 15 MAR 13 10:44  
 HARRISON COUNTY, OHIO

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