## Marion County Elections

MAR 2 1 2019

**SEL 190** 

**Candidate Filing** rev 01/16 **District** All information must be completed or the form will be rejected. Amendment This filing is an Original Office Information Filing for Office of: District, Position or County: Filing Information Filing with the required \$10.00 fee Prospective Petition Candidate information Name of Candidate MIP Suffix Title Heidi How you would like your name to appear on the ballot Candidate Residence/Route Address Street Address 436 Columbia St Candidate Mailing Address and Contact Information: Only one phone number is required. Street Address or PO Box Work Phone Home Phone Fax 511-000 Web Site, If applicable Email Address neidicobb198 Occupation (present employment) if no relevant experience, None or NA must be entered. NA Occupational Background (previous employment) if no relevant experience, None or NA must be entered.

NA

cuucatii	onal Background (schools attended) If no	o relevant experience. Non	e or NA must be entered.	
	te name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
1	dela Conninty Cullege	24. Dyrc		GARRICAL
ducatio	onal Background (other) Attach a separat	e sheet if necessary.		
rior Go	vernmental Experience (elected or appo	ointed) If no relevant expe	rience, None or NA must be ente	red.
	gn Finance information (not applicable to	o candidates for federal o	ffice)	
andida	te Committee			
	I have a candidate committee.			
<sup>3</sup> recor- follov	ds of all campaign transactions and if tot v the requirements detailed in the Campa	al contributions or total ex algn Finance Manual.		
<sup>3</sup> recor- follov	ds of all campaign transactions and if tot	al contributions or total ex algn Finance Manual.	penditures exceed \$750 during a	
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<sup>3</sup> record follov ☐ No, b / signing →	ds of all campaign transactions and if tots the requirements detailed in the Campa out will be filing a Statement of Organization this document, I hereby state that:  I will qualify for said office if elected all information provided by me on this Warning	al contributions or total ex algn Finance Manual, clon for Candidate Commit s form is true to the best o	penditures exceed \$750 during a tee (SEL 220). f my knowledge	i calendar year, I must
<sup>3</sup> record follov ☐ No, b signing	ds of all campaign transactions and if tot:  y the requirements detailed in the Campa put will be filing a Statement of Organizat  y this document, I hereby state that:  I will qualify for said office if elected all information provided by me on this	al contributions or total exalgn Finance Manual, clon for Candidate Commit is form is true to the best on may result in conviction	penditures exceed \$750 during a tee (SEL 220).  f my knowledge  of a felony with a fine of up to \$1	i calendar year, I must
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For Office Use Only Initials



## **Candidate Filing**

**SEL 190** 

District rev 01/16 ORS 255,235

All information must be co	ompleted or the form will be rejec	cted.		
This filing is an	₩ Original	Ame	ndment	
Office Information				6.5
Filing for Office of:	erson Parkz	RECREOTION	dist.	
District, Position or County:	POSITION I MIS	strict		
Filing Information				
Filing with the required \$10	.00 fee			
Prospective Petition				
Candidate Information			TIL Name	
Name of Candidate				Military I.
First Heidi	MI B Last	Sobb	Suffix	Title
How you would like your name	e to appear on the ballot			
, , , , , , , , , , , , , , , , , , , ,	- to appear on the buildt			Distribution and
Candidate Residence/Route A	ddress			
Street Address Columbia	a St	City Jefferson	State	Zip 9.7353
Candidate Mailing Address and	d Contact Information: Only one p	hone number is required.		New William
Street Address or PO Box		City Jefferson	State	ख735
Work Phone	Home Phone 541-990-5942	Cell Phone 5442	Fax	
Email Address Nel di Cobb 198.	segmailicom	Web Site, if applicable		
	ent) If no relevant experience, Nor	ne or NA must be entered		RISTRICT M
NA		te of farmast pe effected.	Vanishing Page/ N	
1011				
Occupational Background (pre-	vious employment) If no relevant	experience, None or NA must be er	ntered.	Ago, Ti
NA			•	
1.4.				

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
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ducational Background (other) Attach a separat	e sheet if necessary.	L	
rior Governmental Experience (elected or appo	pinted) If no relevant expe	rience, None or NA must be ente	red.
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ampaign Finance Information (not applicable t	a candidates for fodoral o	efical and the second	
andidate Committee	o candidates for federal o		
mulate committee			
Yes, I have a candidate committee.  No, I do not expect to spend more than \$750			
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