Candidate Filing

District

Marion Co. - Counter

MAR 1 3 2019

SEL 190

rev 01/16 ORS 255.235

All information must be	completed or the form	will be reje	cted.			
This filing is an	Ori	ginal		Amendmei	nt	
Office Information						
Filing for Office of: School	ol Board - Zone	6				
District, Position or County:	Silver Falls Sch	ool Dist	rict			
Filing Information	The state of the s	THE !			M)	
Filing with the required \$	10.00 fee					
Prospective Petition						
Candidate Information						
Name of Candidate						
^{First} Jonathan	A	Last Edn	nonds		Suffix	Title
How you would like your na	me to appear on the ha	llot	S S T AS COMPANY	Jan Se		
Jonathan Edmonds		iiot				
	•					
Candidate Residence/Route	Address		The Carlotte			
Street Address 17499 Mount Ang	el - Scotts Mil	ls Rd N	E Silverton		State OR	^{Zip} 97381
Candidate Mailing Address a	nd Contact Information	: Only one p	hone number is required.	E B		
Street Address or PO Box PO BOX 1027			City Mount Angel		State OR	^{Zip} 97362
Work Phone	Home Phone		Cell Phone 503-856-5370	Fax		
Email Address kedmonds932@gm	ail.com		Web Site, if applicable			
Occupation (present employ	ment) If no relevant exp	erience No	ne or NA must be entered			la Tapas
Engineering Manager, Xerox C		criciice, Noi	ic of NA must be entered.			
Occupational Background (p	revious employment) If	no relevant	experience, None or NA must b	e entered.		
IA						

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Oregon Institute of Technology		Bachelor of Science	Software Eng
Silverton Union High School	12		
Educational Background (other) Attach a sepa	rate sheet if necessary.		
Prior Governmental Experience (elected or a Currently serving) Silver Falls School Board Zo		refree, frome of the mass se ente	
Campaign Finance Information (not applicabl	e to candidates for federal o	ffice)	
Campaign Finance Information (not applicabl Candidate Committee	e to candidates for federal o	ffice)	
	e to candidates for federal o	ffice)	
Candidate Committee Yes, I have a candidate committee. No, I do not expect to spend more than \$7	50 or receive more than \$750) during each calendar year. I und	
Candidate Committee Yes, I have a candidate committee. No, I do not expect to spend more than \$7 records of all campaign transactions and if	50 or receive more than \$750 total contributions or total ex) during each calendar year. I und	
Candidate Committee Yes, I have a candidate committee. No, I do not expect to spend more than \$7	50 or receive more than \$750 total contributions or total ex mpaign Finance Manual.	during each calendar year. I une penditures exceed \$750 during a	

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)

3-13-19

J.

Date Signed



JONATHAN ALLEN EDMONDS PO BOX 1027 MT ANGEL OR 97362-1027 18487691 681