District

All information must be c				
This filing is an	🗽 Origina]	Amendment	
Office Information				
Filing for Office of:	Board D:	irector		
District, Position or County:	Santiam	Water Control Dis	strict pasi	tion #14
Filing Information				
X Filing with the required \$10	0.00 fee 			
Prospective Petition		More than the second of the se		
Candidate Information				
Name of Candidate				
First Robert	MI J.	Last Koenig	Suffix	Title
How you would like your nam	e to appear on the ballot			
	* 1			
	Bob Koenig			ter and some control of the second se
Candidate Residence/Route A	ddress			
Street Address		City	State	Zip
	ton Rd. S.E.	Turner	Oregon	97392
	d Contact Information: O	nly one phone number is requir	T T	
Street Address or PO Box		City	State	Zip
Work Phone	Home Phone	Cell Phone	Fax	***************************************
	503-769-65	17		
Email Address		Web Site, if applica	able	
Occupation (present employm	nent) If no relevant experie	ence, None or NA must be ente	red.	
	D-11 1 D-			
	Retired Fa	rmer		
Occupational Background (pre	evious employment) If no	relevant experience, None or N	IA must be entered.	
	Vegetable & G	rass Seed Farming		

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