Candidate Filing

SEL 190

District

rev 01/16 ORS 255.235

All information must be compl		ected.		
This filing is an	 ✓ Original	☐ Original ☐ Amendment		
Office Information			× /	
Filing for Office of: Directs	Γ ,	J.	• ;	
District, Position or County: DOS	tion#2 Santic	am Water Contra	ol District	٠,
Filing Information				TVIN.
Filing with the required \$10.00 f	ee			
Prospective Petition				
Candidate Information				
Name of Candidate				
First Randal	MI Last	Gilbert	Suffix	Title
How you would like your name to	appear on the ballot		Ner	_ //
Randy Gilber				
Candidate Residence/Route Addre		•		
Street Address 8494 Shaff R	d SE	City	State OR	Zip 97392
Candidate Mailing Address and Co	ntact Information: Only one	phone number is required.	e de la companya de	
Street Address or PO Box	1	City	State	Zip
8494 ShaFF Re Work Phone	1 25	Turner	OR OR	97572
Work Phone F 503-991-1471	lome Phone	Cell Phone	Fax	
Email Address		Web Site, if applicable		
tyanka 3z @gm	ail.com	1		
Occupation (present employment)		one or NA must be entered.		
SelF-Employed	Farmer			
SelF-Employed Gilbert & Son, In	ec.			
Occupational Background (previou	s employment) If no relevan	t experience, None or NA mus	t be entered.	
N/A				
14/20				

Educational Background (schools attended) If no	relevant experience, Non	e or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Cascade High School	/2	Diploma	N/A
Oregon Institute of Technology		Associate Degree	Diesel Technology
Educational Background (other) Attach a separate	sheet if necessary.		
Prior Governmental Experience (elected or appo		. No NA	
None		,	
Campaign Finance Information (not applicable t	o candidates for federal o	office)	
Candidate Committee Yes, I have a candidate committee.			
No, I do not expect to spend more than \$750 records of all campaign transactions and if tot follow the requirements detailed in the Camp No, but will be filing a Statement of Organizar By signing this document, I hereby state that: → I will qualify for said office if elected → all information provided by me on thi	al contributions or total e aign Finance Manual. tion for Candidate Commi	xpenditures exceed \$750 during ttee (SEL 220).	a calendar year, I must
Warning Supplying false information on this formup to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)	m may result in conviction may only file for one lucr	of a felony with a fine of up to \$ ative office at the same election.	3-6-17 Date Signed
		BY: DEPUTY	
		BITT CARGESS' COUNTY CLERK	
		60: pd 9- 9AM 71	
		MARION COUNTY, OREGUN	

For Office Use Only Initials

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