Candidate Filing

SEL 190

District

rev 01/16 ORS 255.235

All information must be con	npleted or the form will be reje	ected.		
This filing is an	Original	☐ Am	endment	
Office Information				
Filing for Office of: School	of Board Mana	ber		
District, Position or County:	d Bourd Mens	es, hon #6 M	カケン~	
Filing Information				
Filing with the required \$10.0	00 fee			
Prospective Petition				
Candidate Information				
Name of Candidate				
First	MI Last	Considerd	Suffix	Title
Timothy	2	-MWDAC		
How you would like your name	to appear on the ballot			
Tim Crawto	nd			
Candidate Residence/Route Add	Iress			
Street Address 20121 5 PY S	ST NE	ST. Paul	State	Zip 97137
Candidate Mailing Address and	Contact Information: Only one			
Street Address or PO Box	89	ST. Paul	State OR	Zip 97137
Work Phone 503-605-3915	Home Phone 503-633-90 By	Cell Phone	Fax	
Email Address ti CANTON DOCT PAI		Web Site, if applicable		
Occupation (present employment		one or NA must be entered.		
VP Product Developmen	· /			
Occupational Background (previ	ous employment) If no relevan	t experience, None or NA must be e	entered.	
Enshing school board	I member in ST. Pro	al looking Ru re-alec	how,	

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Iniversity of Idaho	16	BSME	Engineering
119			7
		1	7
ducational Background (other) Attach a separa	ate sheet if necessary.		
		*	
rior Governmental Experience (elected or ap	nointed) If no relevant expe	tience None or NA must be ente	red
_	1	Terroe, trette er ta timast se ente	. cu.
ST. faul School Board 124			
ampaign Finance Information (not applicable	to candidates for federal of	ffice)	
andidate Committee			
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$75	O or receive more than \$750	during each calendar year Tung	lerstand I must still k
records of all campaign transactions and if to			
follow the requirements detailed in the Cam		perialitares exocea y/50 daring a	carefradi year, i iras
No, but will be filing a Statement of Organiz		tee (SFL 220)	
	1 ~		
signing this document, I hereby state that:			
,			
→ I will qualify for said office if elected		f my knowlodgo	
→ all information provided by me on the onthe or the order of the	ils form is true to the best o	i iliy kilowledge	
Warning			RZ #
Supplying false information on this for			25,000 and/or prisor
Supplying false information on this for up to 5 years. (ORS 260.715). A person			25,000 and/or prisor
Supplying false information on this for			25,000 and/or prisor
Supplying false information on this for up to 5 years. (ORS 260.715). A person			25,000 and/or prisor
Supplying false information on this for up to 5 years. (ORS 260.715). A person			25,000 and/or prisor
Supplying false information on this for up to 5 years. (ORS 260.715). A person			
Supplying false information on this for up to 5 years. (ORS 260.715). A person			25,000 and/or prisor
Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			2/9/16
Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			2/9/16
Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			2/9/16
Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			2/9/16
Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			2/9/16 Date Sig
Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)		Alnd30	2/9/16 Date Sig
Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)		ive office at the same election.	2/9/16 Date Sig
Supplying false information on this for up to 5 years. (ORS 260.715). A person		Alnd30	2/9/16 Date Sig

MARION COUNTY, ORESTR

For Office Use Only Initials