

MAR 21 2019

SEL 190

rev 01/16
ORS 255.235

**Candidate Filing
District**

All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Office Information

Filing for Office of: JEFFERSON PARK & RECREATION DIST.

District, Position or County: POSITION 1 DISTRICT

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Heidi	B	Cobb		

How you would like your name to appear on the ballot

Heidi Cobb

Candidate Residence/Route Address

Street Address	City	State	Zip
436 Columbia St	Jefferson	OR	97353

Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box	City	State	Zip
PO Box 361	Jefferson	OR	97353

Work Phone	Home Phone	Cell Phone	Fax
	501-990-5942	501-990-5942	

Email Address	Web Site, if applicable
heidi.cobb1985@gmail.com	

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

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Chemeketa Community College	2yr Degree		General

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

NA


Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

- Yes, I have a candidate committee.
- No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
- No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

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)

3/19/19
Date Signed

For Office Use Only Initials CA

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First Heidi	MI B	Last Cobb	Suffix	Title
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How you would like your name to appear on the ballot

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Street Address 436 Columbia St	City Jefferson	State OR	Zip 97352
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Street Address or PO Box PO Box 361	City Jefferson	State OR	Zip 97352
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Work Phone	Home Phone 541-990-5942	Cell Phone 541-990-5942	Fax
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Email Address heidicobb1985@gmail.com	Web Site, if applicable
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