

Declaration of Candidacy for Director

Oregon Soil and Water Conservation Districts



Please type or legibly print in black or blue ink. This form can be filled out electronically and printed for submission.
Note: This information is a matter of public record and may be published or reproduced. All fields must be completed. Do not leave blanks.

Name of Candidate (may include nickname in parentheses)
FIRST MI LAST

Angela Plowhead

Name as it is to Appear on Ballot

Residence Address Redacted

Residence Address (Street/Route, City, State, Zip Code)

503-330-7109

Phone (Home)

503-896-0297

Phone (Work)

Mailing Address (If different from residence)

Email (optional)

Race and ethnicity (optional)

I am registered to vote and live in the zone in Marion Co. I have been an Associate Director since 9/2022.

Explain how you meet eligibility (provide addresses for any actively managed properties)

To the Oregon Department of Agriculture, as filing officer for Soil and Water Conservation Districts:

I hereby certify that I am an eligible candidate meeting the following requirements as stated in Oregon Revised Statutes 568.560(1) for director of the

Marion Soil and Water Conservation District for the following position:

(check one and write position number)

- At-Large No. _____ (enter 1 or 2)
At-Large directors must reside within the conservation district and be registered voters.
- Zone No. 4 (enter 1, 2, 3, 4 or 5)
In counties with more than 250,000 residents (Clackamas, Lane, Marion, Multnomah, and Washington) zone directors must reside within the zone they represent and be registered voters.
- Zone No. _____ (enter 1, 2, 3, 4 or 5)
In counties with less than 250,000 residents zone directors must reside within the zone that is represented, own or manage 10 or more acres of land in the zones they represent in the district and be involved in the active management of the land and be registered voters.
- Zone No. _____ (enter 1, 2, 3, 4 or 5)
In counties with less than 250,000 residents zone directors must reside within the zone that is represented, indicate an interest in natural resource conservation as demonstrated by serving at least one year as a director or associated director of a district and having a conservation plan that is approved by the district and be registered voters.

CONTINUED ON REVERSE SIDE

Occupation (present employment – paid or unpaid) If not relevant experience, “None” or “NA” must be entered.

Business Owner and Psychologist

Occupational Background (previous employment – paid or unpaid) If not relevant experience, “None” or “NA” must be entered.

Four years active duty service in the U.S. Air Force; Twelve years at the multiple Veterans Affairs (VA) Medical Center; ten years as owner of a behavioral health practice;

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

U.S. Air Force—Signals Intelligence Analyst, Command and Control Warfare (C2W) Plans and Programs Technician, C2W Network Analyst, C2W Targets Analyst; Supervisory Psychologist, Portland VA Medical Center; Associate Director, Marion Water and Soil Conservation District;

Educational Background (schools attended– use attachment if necessary) If not relevant experience, “None” or “NA” must be entered.			
Complete Name of School	Last Grade Completed	Diploma/Degree/Certificate	Course of Study (optional)
George Fox University	Doctorate	PsyD	Clinical Psychology
Wayland Baptist University	Bachelor's	BSOE	Human Services

Residence Address Exemption

To exempt your residence address from public disclosure, complete form SEL 180 – Residence Address Exemption Request. The request for a Residence Address Exemption MUST include a publicly disclosable mailing address. See the Candidates Manual for further information.

I don't want my residence address to be disclosed. I will be filing a separate SEL 180 – Residence Address Exemption Request.

Campaign Finance Information

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, based on provided documentation, for said office if elected; and
- All information provided by me on this form is true to the best of my knowledge; and
- I will accept the office of the SWCD director if elected to the position.

Signature Redacted

5/15/24

Candidate's Signature

Date

WARNING: Supplying false information on this form may result in the conviction of a felony with a fine of up to \$125,000 and/or prison for up to five years (ORS 260.715). No person may be a candidate for more than one position on the same board to be filled at the same election (ORS 249.013).

Return this form, along with the *Petition for Nomination Signature Sheet*:

Filing deadline:

By email to **sandi.hiatt@oda.oregon.gov** or mail to:
Oregon Department of Agriculture, Attn: Grants Administrative Officer
635 Capitol St. NE, Suite 100 Salem, OR 97301

5:00 p.m. August 27, 2024