District

	orm must be filed with county elec	ctions official. All infor	mation must be comp	leted or the form	will be reject	ed.
2025 Distri	ct Election Filing Dates					
Candidate	Filing February 8, 2025 to March 2	20, 2025	Withdrawal Date Ma	rch 20, 2025		
This filing is	s an	Original		Amendmen	t	
Office Info	rmation					
Filing for O	ffice of: Cascade School	Board				
District, Po	sition or County:#4					
Filing Infor	mation					
Filing w	rith the required \$10.00 fee					
Prospec	ctive Petition					
Candidate	Information					
Name of C	andidate					
First		МІ		Last		
Eric		S		Diehl		
How you v	vould like your name to appear or	n the ballot				
Eric Die	ehl					
Candidate	Residence/Route Address					
Street Add			City		State	Zip
5151	Crawford St Se		Turner		OR	97392
Candidate	Mailing Address and Contact Info	rmation Do not use an	address that has been	exempt from dis	closure.	
	Mailing Address and Contact Info	ormation Do not use an	address that has been City	exempt from dis	State	Zip
Street Add				exempt from dis		Zip 97392
Street Add	ress or PO Box Crawford St Se		City	Cell Phone	State OR	97392
Street Add 5151	ress or PO Box Crawford St Se		City		State OR	97392
Street Add 5151	Crawford St Se		City	Cell Phone 503-93 (State OR	97392
Street Add 5151 Work Phor	Crawford St Se	Home Phone	Turner	Cell Phone 503-93 (State OR	97392
Street Add 5151 Work Phor Email Add	Crawford St Se	Home Phone	Turner	Cell Phone 503-93 (State OR	97392
Street Add 5151 Work Phor Email Add	Crawford St Sene Po Box Press or PO Box Press	Home Phone	Turner	Cell Phone 503-93 (State OR	97392
Street Add 5151 Work Phore Email Adde Weste	Crawford St Sene Po Box Press or PO Box Press	Home Phone	Turner Web Site, if applicabl	Cell Phone 503-93 (State OR	97392
Street Add 5151 Work Phore Email Add Weste Race and	ress or PO Box Crawford St Se ne ress erneric@gmail.c	Home Phone	Turner Web Site, if applicabl	Cell Phone 503-93 (State OR	97392
Street Add 5151 Work Phore Email Add Weste Race and Occupatio Sales &	ress or PO Box Crawford St Se ne ress erneric@gmail.c Ethnicity Optional n (present employment) If no rele Property Management	Home Phone OM evant experience, None	City Turner Web Site, if applicable or NA must be entered	Cell Phone 503-930 e	OR OR 0-6508	97392
Street Add 5151 Work Phore Email Add Weste Race and Occupatio Sales &	ress or PO Box Crawford St Sene ress erneric@gmail.c Ethnicity Optional n (present employment) If no rele Property Management	Home Phone OM evant experience, None	City Turner Web Site, if applicable or NA must be entered	Cell Phone 503-930 e	OR OR 0-6508	97392
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Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
None			
Educational Background (other) Attach a	separate sheet if necessary.		
Prior Governmental Experience (elected	or appointed) If no relevant expe	rience, None or NA must be ente	ered.
None			
Campaign Finance Information			
A candidate must file a Statement of Organiz later than the deadline for filing a nominatin meet the criteria for an exemption. To meet and not expect to spend or receive more tha	g petition, declaration of candidacy, or the criteria, the candidate must serve	certificate of nomination, whicheve as their own treasurer, not have an	r occurs first, unless they existing candidate committee,
If you have an existing candidate committee includes changes to the election you are acti	you must amend the statement of org ve in and the office you are running fo	anization not later than 10 days afte r.	er a change in information. Thi
See the Campaign Finance Manual for the pr	ocedural and legal requirements of es	tablishing and maintaining a candida	te committee.
Residence Address Exemption			
To exempt your residence address from pub a Residence Address Exemption MUST include	lic disclosure, complete form <u>SEL 180-</u> le a publicly disclosable mailing addre:	<u>- Residence Address Exemption Req</u> ss. See the Candidates Manual for fu	uest. The request for rther information.
I don't want my residence address to	be disclosed. I will be filing a sepa	arate <u>SEL 180 – Residence Address E</u>	xemption Request.
Candidate Attestation			
By signing this document, I hereby state that → I will qualify for said office if elected; → All information provided by me on this formation.		ge	
Warning Supplying false information on this (ORS 260.715). A person may only fi	form may result in conviction of a felor le for one lucrative office at the same	ny with a fine of up to \$125,000 and, election. Unless the person has with	or prison for up to 5 years, drawn from the first filing, all

filings are invalid. (ORS 249.013 and ORS 249.170)

Signature Redacted

MARION COUNTY CLERK **BILL BURGESS** MARION COUNTY

Receipt #: 51768

Station: 11

Receipt Date: 03/11/2025 02:52 PM

Receipt Name: ERIC DIEHL

Cashier: CLW

Comments: CASCADE SCHOOLE DISTRICT POSITION 4

Pay to the Order of ___ UMPQUA BANK (866) 486-7782 1: 1 5 3 50 50 5 41; arion alars ERIC DIEHL
HOLLIE DIEHL
RENTAL ACCOUNT
5151 CRAWFORD ST TURNER OR 97392-8929 0 2 2 1 0 3 2 2 20 4 18 82 L 5 Dollars © Safe Deposite Details on hard 96-505/1232 50530 2128

BILL BURGESS, MARION COUNTY CLERK Thank You!

Please retain this receipt for your records.

Documents are recorded as submitted. The Marion County Clerk's Office assumes no liability for sufficiency, validity, or accuracy.

Candidate Fee - School	Miscellaneous Fees
CASCADE SD 5	

\$10.00

CHECK 2128	Receipt Total
\$10.	\$10.