## MAR 20 2025

**Candidate Filing** 

**SEL 190** 

rev 12/24

## **District** ORS 255.235 This form must be filed with county elections official. All information must be completed or the form will be rejected. 2025 District Election Filing Dates Withdrawal Date March 20, 2025 Candidate Filing February 8, 2025 to March 20, 2025 Original ☐ Amendment This filing is an Office Information Filing for Office of: DIRECTOR District, Position or County: SANTIAM WATER CONTROL DISTRICT, POSITION 4 **Filing Information** Filing with the required \$10.00 fee Prospective Petition **Candidate Information** Name of Candidate Last First MI Koenig Bob How you would like your name to appear on the ballot Candidate Residence/Route Address State Zip Street Address City OR 97392 8158 Stayton Rd SE Turner **Candidate Mailing Address and Contact Information** City State Zip Street Address or PO Box Cell Phone **Home Phone** Work Phone (503) 884-9905 (503) 769-6517 Web Site, if applicable **Email Address** bkfarms42@hotmail.com Race and Ethnicity Optional Occupation (present employment) If no relevant experience, None or NA must be entered. none Occupational Background (previous employment) If no relevant experience, None or NA must be entered. none

Educational Background (schools attended)			
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
none			
Educational Background (other) Attach a sep	arate sheet if necessary.		
Prior Governmental Experience (elected or	appointed) if no relevant exper	rience. None or NA must be ente	red.
none			104,
Campaign Finance Information			
A candidate must file a Statement of Organization later than the deadline for filing a nominating pet meet the criteria for an exemption. To meet the cand not expect to spend or receive more than \$75	ition, declaration of candidacy, or or riteria, the candidate must serve a	certificate of nomination, whichever s their own treasurer, not have an e	occurs first, unless they
If you have an existing candidate committee you rincludes changes to the election you are active in	must amend the statement of orga	nization not later than 10 days after	
See the Campaign Finance Manual for the procedu	ural and legal requirements of esta	blishing and maintaining a candidate	e committee.
Residence Address Exemption			ARABANA,
To exempt your residence address from public dis a Residence Address Exemption MUST include a p	closure, complete form SEL 180 – sublicity disclosable mailing address	Residence Address Exemption Reque . See the Candidates Manual for furt	est. The request for her information.
I don't want my residence address to be o	lisclosed. I will be filing a separa	ate <u>SEL 180 – Residence Address Ex</u> e	emption 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 form is	true to the best of my knowledge		
Warning Supplying false information on this form in (ORS 260.715). A person may only file for fillings are invalid, (ORS 249.013 and ORS 2	nay result in conviction of a felony one lucrative office at the same ele	with a fine of up to \$125,000 and/or action. Unless the person has withdr	prison for up to 5 years, own from the first filing, all

Signature Redacted

3-20-2025

Candidate's S

Date Signed