Candidate Filing

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This form must be filed with county	elections official. All	information must be compl	leted or the form	n will be reje	cted.
2023 District Election Filing Dates			Setting -		
Candidate Filing February 4, 2023 to Mar	rch 16, 2023	Withdrawal Date Ma	rch 16, 2023		
This filing is an	Original		Amendment	t	
Office Information				_	
Filing for Office of: Lower Mch	Kay Creek 1	Water Control ?	District		
Filing for Office of: Lower Mct District, Position or County: Umat	illa Pos	2			
Filing Information	1		11		
Filing with the required \$10.00 fee					
Prospective Petition					
Candidate Information		and the second second			
Name of Candidate					1
First Bill	MI A. Last	Wohlford		Suffix	
How you would like your name to appear	r on the ballot		- 112		-
Bill Wohlford					
Candidate Residence/Route Address	7		6-31-		
Street Address 3909 SW Kirk Au.		City Pend leto	~	State OR	Zip 9780
Candidate Mailing Address and Contact In	nformation			10000	-
Street Address or PO Box 3909 SW Kirks Nork Phone Home P	tu.	City Pendleto.	~	State OR	zip 9780
Nork Phone Home P	hone	Cell Phone 541-969-7	2329 Fax	··· · · · · · ·	
backhoe. bill @ho	tmail.con	Web Site, if applicable			
ace and Ethnicity Optional	" . ". 45.427.839.00			h-	
Occupation (present employment) If no re	elevant experience, N	one or NA must be entered.	5.		
Refired					
ccupational Background (previous emplo	oyment) If no relevan	t experience, None or NA m	ust be entered.		- Ad
Currently on th	e LMCWC	D board.			

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

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Pendelton Wigh	12		

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

LMCNCD

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

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).

If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.

See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

By signing this document, I hereby state that:

- → I will qualify for said office if elected
- \rightarrow 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)

2-3-23

Date Signed

Candidate Filing

D	ist	tri	ict
_			

Candidate Filing February	4, 2023 to Ma	rch 16, 2023	Withdrawal Date	March 16, 2023		
This filing is an		Original		Amendm	ent	
Office Information	-	West County			_	
Filing for Office of:	Lowen	Mikay Cr	pole Water	(Catrol 1	District	
District, Position or Count	y:	Position	HT I			
Filing Information						
Filing with the required	d \$10.00 fee					
Prospective Petition						
Candidate Information						
Name of Candidate						
First MQAK		MI S Last	Mulvil	ni 11	Suffix	·
How you would like your	name to appea	r on the ballot				
Mank	Mulvi	hill				
Candidate Residence/Rou	te Address	na anna 11 anna ann an Anna Anna an Aostaine an Aostaine an Aostaine an Aostaine an Aostaine an Aostaine an Aos		31. 14		
Street Address 4198	Sw	kint	City ppAl	etcn	State	zip 9780
Candidate Mailing Addres	s and Contact I	nformation		1		
Street Address or PO Box	Sw	ICINK	City Pend	letan	State	Zip 9780
Work Phone 541-966-3103	Home F	-571-5704	Cell Phone 541-571	- 5704 Fa	x	
Email Address Maill. Mulvihi			Web Site, if applica	able		
)					
Race and Ethnicity Optio	nal					
White						
Occupation (present empl	oyment) If no r	elevant experience, Nor	ne or NA must be ente	ered.		
Superintend	ent, I,	rten Mounta	in ESD			
Occupational Background	(previous empl	oyment) If no relevant	experience, None or N	IA must be entere	d.	
- Teachon, Cou	ch, priv	ripal Dep-	Ly Superi.	ntendent	Super!	ntender
- School (1	/	1	

	Educational Background (schools attended) If no relevant experience, None or NA must be entered.					
	Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study		
007	Lewig + Clauk Culleys	polt Bac	Ductorate	Education Adm	1, n. Strach	
1992	Eustein Grayon University	pert Buc	Majten	TRuchon Eduin	Hw	
1937	Eusten Urayon University	Buc	Bacholori of Science	TRucher Fedrin	4~	
1933	Pandlaten High Johnal	Hich Schtui	Dinlond	General Studio	1	
	Educational Background (other) Attach a separate	sheet if necessary.	ľ			
	Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.					
	Lover Mat Millay C.	Pole Water	Control Distric	T		

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2-6-

Date Signed