

# Candidate Filing District

**SEL 190**

rev 01/16  
ORS 255.235

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

This filing is an  Original  Amendment

**Office Information**

Filing for Office of: Director #1

District, Position or County: Western Lane Ambulance District

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

Name of Candidate 10583198

First <u>Cynthia</u>	MI <u>A</u>	Last <u>Russell</u>	Suffix	Title <u>RN</u>
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**How you would like your name to appear on the ballot**

Cindy Russell

**Candidate Residence/Route Address**

Street Address	City	State	Zip
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**Candidate Mailing Address and Contact Information: Only one phone number is required.**

Street Address or PO Box <u>P.O. Box 1862</u>	City <u>Florence</u>	State <u>OR</u>	Zip <u>97439</u>
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Work Phone	Home Phone	Fax
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Email Address <u>kona2003@live.com</u>	Web Site, if applicable
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**Occupation (present employment) If no relevant experience, None or NA must be entered.**

RN, small business owner, tax payer

**Occupational Background (previous employment) If no relevant experience, None or NA must be entered.**

RN

**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
Medford Sr High School	12		
New York Regents	14	AS-Associate Science	Nursing

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.

Last term of Ambulance Board of Directors  
Position #1

**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)

11 Feb 19

Date Signed

For Office Use Only Initials

CRB

