## **Declaration of Candidacy for Director**



## Oregon Soil and Water Conservation Districts

<b>Note:</b> This in	of legibly print in black of blue link. This form can filled information is a matter of public record and may be publist be completed. Do not leave any blanks.					
Name of Car	ndidate (may include nickname in parentheses)	Name as it is to Appear on Ballot				
Residence A	address (Street/Route, City, State, Zip Code)	Mailing Address (If different from residence)				
Phone (Hon	me) Phone (Work)	Email (optional)				
Explain how	y you meet eligibility (provide addresses for any activ	vely managed properties)				
To the Ore	egon Department of Agriculture, as filing offi	cer for Soil and Water Conservation Districts:				
l hereby c	ertify that I am an eligible candidate meeti	ng the following requirements				
as stated	in Oregon Revised Statutes 568.560(1) for	director of the				
	Soil and	Water Conservation District for the following position:				
(check one	e and write position number)					
	t-Large No (enter 1 or 2) t-Large directors must reside within the cons	ervation district and be registered voters.				
Zo in	Zone No (enter 1, 2, 3, 4 or 5)  Zone directors must reside within the zone that is represented, and actively manage 10 or more acres in the conservation district boundaries; or reside within the conservation district boundaries, and actively manage 10 or more acres within the zone that is being represented, and be registered voters.					
Ar re in as	terest in natural resource conservation as de	r when the individual, in lieu of the other the within the zone that is represented and indicates an emonstrated by serving at least one year as a director or nservation plan that is approved by the district, and be a				

Occupation (present employment — paid or unpaid) If not r	relevant expe	rience, "None" or "NA" mu	ust be entered.			
Occupational Background (previous employment — paid or	r unpaid) If no	t relevant experience, "N	one" or "NA" must	be entered.		
Prior Governmental Experience (elected or appointed) If n	o relevant exp	perience, "None" or "NA"	must be entered.			
Educational Background (schools attended— use attachme	nt if necessary	y) If not relevant experience	ce, "None" or "NA" ı	must be entered.		
Complete Name of School	Last Grade Completed	Diploma/Degree/Certificate		Course of Study (optional)		
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.						
Candidate's Signature	Date					
WARNING: Supplying false information on this for \$125,000 and/or prison for up to five years (OR position on the same board to be filled at the sa	S 260.715).	. No person may be a	•	•		
Return this form, along with the Petition for No.	Filing deadline:					
By email to <b>sandi.hiatt@oda.oregon.gov</b> or ma	iii tu:		5:00 p.m. Au	igust 30, 2022		

Oregon Department of Agriculture Attn: Grants Administrative Officer 635 Capitol St. NE, Suite 100 Salem, OR 97301