District Candidate Filing

SEL 190 rev 1/12: ORS 255,235

Candidate Legal Name*	Candidate Name (As it should appear on ballot)*
Jeffrey Allen Erdman	Jeff Erdman
Filing for Office 4f*	District and/or position (if applicable)*
NCPRD Board Position	NCPRD Board Position
Residence Address, Street/Route*	
11933 S.E. Masa Land	
State* OR	Zip* County of Residence* 97086 Clackamas
Home Phone Work Phone	Cell Phone Fax
03-740-3402 503-998-2	2526 901-202-6390
mail Address* Date of Election*	16.11 2-111
jeff.erdman.bps@gmail.com	NOV. 4, 2014
Mailing Address (where all correspondence will be sent) Stre	et/Route*
11933 S.E. Masa Lane	ħ.
ity* Happy Valley State* OR	Zip* 97086
Indicates a required field. At least one phone number is a	
iling Information	
Filing with the required \$10.00 fee.	
Filing by petition with the required signature sheets.	
equired Information (if no relevant information, list "none") ccupation present employment – paid or unpaid (required) Sales Rep. For Lids Team Spo	
ccupational Background previous employment - paid or un	paid (required)
Assistant Principa (Athlex	4'c Director - North Clackamas Eloop 1999-2014
Teacher (Coach - Pe	Portland Public Schools 1981-199
L V-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C	
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ducational Background schools attended, use attachment if I	needed (required)
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ducational Background schools attended, use attachment if complete Name of School (no acronyms) Last Grade Level	needed (required) Diploma/Degree/Certificate Course of Study
ducational Background schools attended, use attachment if complete Name of School (no acronyms) Last Grade Level	needed (required) Diploma/Degree/Certificate Course of Study (AA, BA, BS, MA, PhD, etc) optional
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Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)





By signing this document, I hereby certify that:

- → I will qualify for said office if elected
- → All information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box (not applicable to candidates for federal office - US Senate and US Representative):



By marking this box, I certify I do not have an existing candidate committee and 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 2012 Campaign Finance Manual.

O By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the 2012 Campaign Finance Manual.



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). No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013 and ORS 249.170).

Luggest 25, 20/9
Date Signed

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

18055 Receipt #