## **Candidate Filing**

NA

CLACKAMAS COUNTY ELECTIONS 2025 MAR 20 PM4:14:

ORS 255.235 District 1 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 O Amendment Original This filing is an Office Information YOLALLA AQUATIC DISTRICT Filing for Office of: DIRECTORS District, Position or County: \(\square\) Filing Information |X| Filing with the required \$10.00 fee Prospective Petition **Candidate Information** Name of Candidate Last MI First Melby Amanda How you would like your name to appear on the ballot Amanda Melby Candidate Residence/Route Address State Zip City Street Address 97004 OR Beavercreek 25064 S Ridge Rd **Candidate Mailing Address and Contact Information** State Zip City Street Address or PO Box 97004 OR Beavercreek 25064 S Ridge Rd Cell Phone Home Phone Work Phone 503-341-7198 Web Site, if applicable **Email Address** abicket1@gmail.com Race and Ethnicity Optional Occupation (present employment) If no relevant experience, None or NA must be entered. NA Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

CLACKAMAS COUNTY ELECTIONS

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			
Educational Background (schools attended) If n	o relevant experience, Non	e or NA must be entered.	Course of Study
Complete name of contrast	Last Grade completed	Diploma/Degree/Certificate Associates	
Clackamas Community		Associates	AAOT
Educational Background (other) Attach a separa	te sheet if necessary.		
Prior Governmental Experience (elected or app	ointed) If no relevant expe	rience, None or NA must be ente	ered.
None			
Campaign Finance Information			
A candidate must file a Statement of Organization no	t later than three business day	ys of first receiving a contribution or	making an expenditure and no
later than the deadline for filing a nominating petitio meet the criteria for an exemption. To meet the criteria	n, declaration of candidacy, or	certificate of nomination, whicheve	existing candidate committee.
and not expect to spend or receive more than \$750 c	fria, the candidate must serve Juring the entire calendar vear	(including in-kind contributions and	personal funds).
If you have an existing candidate committee you must	st amend the statement of org	anization not later than 10 days afte	r a change in information. This
includes changes to the election you are active in and	d the office you are running for	r.	v
See the Campaign Finance Manual for the procedura			te committee.
Residence Address Exemption			
		Pasidanas Address Evenntian Page	lest. The request for a
To exempt your residence address from public disclo Residence Address Exemption MUST include a public	sure, complete form <u>SEL 180 –</u> Ny disclosable mailing address.	See the Candidates Manual for furt	her information.
I don't want my residence address to be dis			
I don't want my residence address to be dis	closed. I will be filling a sepa	arate 3EL 100 Residence Address :	
Candidate Attestation			The state of the s
By signing this document, I hereby state that:			
→   will qualify for said office if elected;			
> All information analytical burns on this form is to	ue to the best of my knowledg	e	
→ All information provided by me on this form is tr			
- Warning			
Warning Supplying false information on this form ma	y result in conviction of a felor	ny with a fine of up to \$125,000 and	or prison for up to 5 years.
Marning	y result in conviction of a felor le lucrative office at the same	ny with a fine of up to \$125,000 and, election. Unless the person has with	or prison for up to 5 years. drawn from the first filing, <b>all</b>

## Signature Redacted

Candidate's Signature/

Date Signed