Declaration of Intent and Request for Write-In Votes to be tallied for District Director



Oregon Soil and Water Conservation Districts

Note: This information is	int in black or blue ink. This form can fille a matter of public record and may be pu eted. Do not leave any blanks.	ed out electronically and printed for submission. ublished or reproduced.		
Name of Candidate (may include nickname in parentheses)		Name as it is to Appear on Ballot		
Residence Address (Stre	et/Route, City, State, Zip Code)	Mailing Address (If different from residence)		
Phone (Home)	Phone (Work)	Email (optional)		
To the Oregon Depa	t I am an eligible candidate mee	ficer for Soil and Water Conservation Districts: ting the following requirements		
as stated in Oregon	Revised Statutes 568.560(1) fo	r director of the d Water Conservation District for the following position:		
(check one and write	position number)			
_	ectors must reside within the cor	nservation district and be registered voters.		
in the conse	rvation district boundaries; or res	nat is represented, and actively manage 10 or more acres side within the conservation district boundaries, and zone that is being represented, and be registered voters.		
An individua requirement interest in na	s specified in this section, reside atural resource conservation as c ector of a district and having a c	or when the individual, in lieu of the other the s within the zone that is represented and indicates an demonstrated by serving at least one year as a director or onservation plan that is approved by the district, and be a		

Occupation (present employment — paid or unpaid) If not r	elevant expe	rience, "None" or "NA" mu	st be entere	ed.			
Occupational Background (previous employment — paid or	unpaid) If no	t relevant experience, "No	ne" or "NA"	' must be entered.			
Prior Governmental Experience (elected or appointed) If no	o relevant exp	perience, "None" or "NA" r	nust be ente	ered.			
Educational Background (schools attended— use attachmen	nt if necessary	y) If not relevant experienc	e, "None" or	"NA" must be entered.			
Complete Name of School	Last Grade Completed	Diploma/Degree/Certific		urse of Study otional)			
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 documenta All information provided by me on this form I will accept the office of the SWCD director	ntion, for sa n is true to	aid office if elected; a the best of my know	nd	d			
Candidate's Signature		 Da	ite				
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 same	S 260.715).	. No person may be a		-			
Return this form, along with the Petition for Nomination Signature Sheet:				Filing deadline:			
By email to sandi.hiatt@oda.oregon.gov or ma	il to:		5:00 p.n	n. October 25. 2022			

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