rev 08/22 ORS 255.235

Candidate Filing
District

This form must be filed with county elections official. All information must be completed

Candidate Filing February 4, 2023 to March 16, 2023		Withdrawal Date March	Withdrawal Date March 16, 2023		
This filing is an	Orig	rinal	Amendment		
Office Information					
Filing for Office of: Board					
District, Position or County:	Sisters Park and	Recreation District - Post	TION FIVE		
Filing Information		1			
Filing with the required	\$10.00 fee				
Prospective Petition					
Candidate Information					
Name of Candidate					
First PEGGY	MI J	Last TEHAN	Suffix		
How you would like your na	ame to appear on the ball	lot			
PEGGY TEHAN					
Candidate Residence/Route Street Address	e Address	City	State	Zip	
		SISTERS	OR	97759	
Redacted					
Redacted Candidate Mailing Address	and Contact Information				
	and Contact Information	City SISTERS	State OR	Zip 97759	
Candidate Mailing Address Street Address or PO Box	and Contact Information Home Phone	·		1 '	
Candidate Mailing Address Street Address or PO Box PO BOX 34 Work Phone Email Address	Home Phone	SISTERS Cell Phone	OR	1 '	
Candidate Mailing Address Street Address or PO Box PO BOX 34 Work Phone Email Address Ditehan29@gmail.com	Home Phone	SISTERS Cell Phone 541-480-9152	OR	1 '	
Candidate Mailing Address Street Address or PO Box PO BOX 34 Work Phone Email Address	Home Phone	SISTERS Cell Phone 541-480-9152	OR	1 '	
Candidate Mailing Address Street Address or PO Box PO BOX 34 Work Phone Email Address Ditehan29@gmail.com	Home Phone	SISTERS Cell Phone 541-480-9152	OR	1 '	
Candidate Mailing Address Street Address or PO Box PO BOX 34 Work Phone Email Address ojtehan29@gmail.c	Home Phone	SISTERS Cell Phone 541-480-9152	OR	1 '	
Candidate Mailing Address Street Address or PO Box PO BOX 34 Work Phone Email Address Ojtehan29@gmail.co Race and Ethnicity Option Occupation (present emplo	Home Phone COM nal Dyment) If no relevant expe	SISTERS Cell Phone 541-480-9152 Web Site, if applicable erience, None or NA must be entered.	OR	1 '	
Candidate Mailing Address Street Address or PO Box PO BOX 34 Work Phone Email Address ojtehan29@gmail.c	Home Phone COM nal Dyment) If no relevant expe	SISTERS Cell Phone 541-480-9152 Web Site, if applicable erience, None or NA must be entered.	OR	1 '	
Candidate Mailing Address Street Address or PO Box PO BOX 34 Work Phone Email Address Ojtehan29@gmail.co Race and Ethnicity Option Occupation (present emplo	Home Phone COM nal Dyment) If no relevant expe	SISTERS Cell Phone 541-480-9152 Web Site, if applicable erience, None or NA must be entered.	OR	1 '	

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Washington State University		Bachelor of Music	Music
Lane County Community College			Bookkeeping
Central Oregon Community College			Accounting/Business

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

2005 & 2006 - Appointed-Budget Committee Sisters Organization for Activities and Recreation (SOAR) 2007 - Appointed to Board of Directors Sisters Organization for Activities and Recreation (SOAR)

2008 - Current, Elected Board of Directors SOAR/Sisters Park and Recreation District

Campaign Finance Information (not applicable to candidates for federal office)

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).

If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.

See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

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)

Redacted

3 13 7023 Date Signed

Voter ID# 16870552 paid ck # 5723 \$ 10.00 Receipt # 617786