

**Candidate Filing  
District**

**SEL 190**

rev 01/14  
ORS 255.235

**i** All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

**Candidate Information**

**Name of Candidate**

First	MI	Last	Suffix	Title
Tamera	L	Tlustos-Arnold		

**How you would like your name to appear on the ballot**

First	MI	Last	Suffix
Tamie		Arnold	

**Candidate Residence/Route Address**

Street Address	City	State	Zip
892 NE Clear Creek Way	Fairview	OR	97024

**Candidate Mailing Address**

Street Address or PO Box	City	State	Zip
Same			

**Contact Information: Only one phone number is required.**

Work Phone	Home Phone	Cell Phone	Fax
503-465-9525		503-317-8001	
Email Address nursetamie@comcast.net		Web Site, if applicable	

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Office Information**

Filing for Office of: *Position # 7 / Mt. Hood C.C. Board of Directors*

District, Position or County: *position # 7*

**Occupation (present employment) If no relevant experience, None or NA must be entered.**

Registered Nurse

**Occupational Background (previous employment) If no relevant experience, None or NA must be entered.**

Kaiser Permanente  
Metropolitan Pediatrics  
Legacy Healthy Systems  
Mt. Hood Community College

Educational Background (schools attended) If no relevant experience, None or NA must be entered.			
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Oregon Health Sciences University	17	Masters Degree (In progress)	Healthcare Admin
Walla Walla College School of Nursing	16	Bachelor's of Science	Nursing
Mt. Hood Community College	14	Associate of Science & Associate of Arts	General
Educational Background (other) Attach a separate sheet if necessary.			

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

Fairview Budget Committee (Current)  
 Fairview Economic Development Advisory Committee (Current)  
 Fairview City Council (2012-2014)  
 Reynold's School District Budget Committee (2010-2012)

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

**Candidate Committee**

Yes, I have a candidate committee.

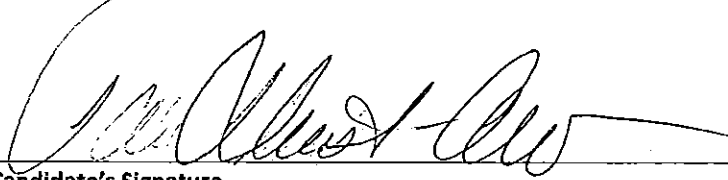
No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign 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 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)

  
 Candidate's Signature

3/12/15

Date Signed

RECEIVED  
 15 MAR 13 PM 12:00  
 TIM SCOTT  
 DIRECTOR OF ELECTIONS

For Office Use Only Initials SS

CC Approval Code/Receipt Number 23427