

**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
Siobhan	T	Burke		

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

First	MI	Last	Suffix
Siobhan		Burke	

**Candidate Residence/Route Address**

Street Address	City	State	Zip
2757 SW Roswell Ave.	Portland	OR	97201

**Candidate Mailing Address**

Street Address or PO Box	City	State	Zip
2757 SW Roswell Ave	Portland	OR	97201

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

Work Phone	Home Phone	Cell Phone	Fax
	971-229-0503		

Email Address	Web Site, if applicable
swppsparent@gmail.com	

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Office Information**

Filing for Office of: Director
District, Position or County: Position 7, Zone 3 MESD

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

Special Education Paraprofessional, Portland Public Schools
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**Occupational Background (previous employment) If no relevant experience, None or NA must be entered.**

Nonprofit professional stay at home mom
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RECEIVED  
 15 MAR 16 AM 9:09  
 TIM SCOTT  
 DIRECTOR OF ELECTIONS

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
University of Illinois, U-C	16	B.A.	Comp. Literature
Aurora University	19+	M.A.T.	Secondary Ed.

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.

None

**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)

Siobhan Burke 3-16-15  
 Candidate's Signature Date Signed

For Office Use Only    Initials SB    CC Approval Code/Receipt Number 23430/checkbox 1226