			er or the form will be reit	ORS 2
•		All Information must be complete.	Amendment	:çteu.
This filing is an Office Information	🔀 Original	 한번 사람은 전문 전문 전문을 같은 것을 같이 같은 것이 같이 같이 같이 있다.		
Filing for Office of: Director, Po	osition 7, At-Large		· · · · · · · · · · · · · · · · · · ·	· ·
District, Position or County: Cer	ntennial School District 28J			
Filing Information				
Filing with the required \$10	.00 fee	· · · · · · · · · · · · · · · · · · ·		
Prospective Petition	· ·		· · · · · · · · · · · · · · · · · · ·	
Candidate Information				
Name of Candidate				
First	MI	Last	Suffix	Title
		Schroeder	•	•
manda łow you would like your name	L	Schroeder		
manda Tow you would like your name manda L. Schroeder Candidate Residence/Route Ac Street Address	L ' e to appear on the ballot	Schroeder City Portland	State OR	Zip 97236
Amanda How you would like your name Amanda L. Schroeder Candidate Residence/Route Ac Street Address 16423 SE High Meadow Loop	L '	City	I	
Amanda How you would like your name Amanda L. Schroeder Candidate Residence/Route Ac Street Address 16423 SE High Meadow Loop	L '	City Portland	I	
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Amanda How you would like your name Amanda L. Schroeder Candidate Residence/Route Ac Street Address 6423 SE High Meadow Loop Candidate Mailing Address and Street Address or PO Box 16423 SE High Meadow Loop Work Phone Email Address schroeder.amanda@gmail.com	L '	City Portland y one phone number Is required City Portland Cell Phone 971-804-4958 Web Site, if applicable	OR State OR	97236 Zip
Amanda How you would like your name Amanda L. Schroeder Candidate Residence/Route Ac Street Address 6423 SE High Meadow Loop Candidate Mailing Address and Street Address or PO Box 16423 SE High Meadow Loop Work Phone Email Address Schroeder.amanda@gmail.com	L '	City Portland y one phone number Is required. City Portland Cell Phone 971-804-4958	OR State OR	97236 Zip
manda How you would like your name amanda L. Schroeder Candidate Residence/Route Ac Street Address 6423 SE High Meadow Loop Candidate Mailing Address and Street Address or PO Box 6423 SE High Meadow Loop Nork Phone Email Address chroeder.amanda@gmail.com	L '	City Portland y one phone number Is required City Portland Cell Phone 971-804-4958 Web Site, if applicable	OR State OR	97236 Zip

Oregon AFL-CIO At-Large for AFGE Executive Board Member (2015-2018) National Women's Advisory Coordinator Eleventh District American Federation of Government Employees (AFGE) (2011-2017) Graduate School (2004-2005) United States Army (2000-2003)

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Educational Background (schools attended) I	- State of the		Course of Study
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	
Portland State University	Masters Degree	Masters of Arts	EPFA/PACE
Oregon State University	16	Bachelor of Arts	French
Mount Hood Community College	14	None .	Prerequisites
Sandy Union High School	12	Diploma	High School
Educational Background (other) Attach a sepa	rate sheet if necessary.		
*Education: Policy, Foundations a	nd Administration; Specialty ir	Postsecondary, Adult and Contin	uing Education
Campaign Finance Information (not applicab	e to candidates for federal o	ffice)	
Candidate Committee			
Yes, I have a candidate committee.	,,,,		
No, I do not expect to spend more than \$7 records of all campaign transactions and if follow the requirements detailed in the Ca	total contributions or total ex) during each calendar year. I un penditures exceed \$750 during a	derstand I must still keep I calendar year, I must

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
- \rightarrow 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)

Signature redacted

Candidate's Signature

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Date Signed

DIRECTOR OF ELECTIONS ES :SIM9 ZI AAM EI RECEIVED

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