

Filing of Candidacy for Special District Nomination

SEL 190

rev 1/08: ORS 255.235

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please type or print legibly in black ink

↓ candidate name

Cheryl A. Scarcelli Ancheta

filing for office of

David Douglas High School - School Board Position 1

how name should appear on ballot

district, position or zone number if applicable

Cheryl A. Scarcelli Ancheta

residence address

Mult

county of residence

503-761-7753

home phone

503-574-7128

work phone

503-574-5772

fax

scarcelli@email.com

email address

May 19, 2009

date of election

11615 SE Brookside Dr. Ptld, OR 97266

mailing address where all correspondence will be sent

Filing of candidacy by declaration, with the required \$10.00 fee.

Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

required information (if no relevant information, list "None")

↓ occupation present employment - paid or unpaid

Sales Executive, Providence Health Plan

occupational background previous employment - paid or unpaid

36 years in Healthcare Field - 4 years at Providence
- 28 years at Regence Blue Cross Blue Shield of Oregon
- 4 years First FarWest Assurance
36 Total

↓ **educational background** schools attended, use attachment if needed

complete name of school no acronyms	last grade level completed	diploma/degree/certificate (AA, BA, BS, MA, PhD, etc)	course of study optional
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<u>Marylhurst University</u>	<u>Undergraduate</u>	<u>BS</u>	<u>Business Leadership & Management</u>
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<u>David Douglas High School</u>	<u>12</u>		<u>High School</u>
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Attended Mt Hood Community College - some classes

Attended Portland Community College - some classes

Attended Clackamas Community College - some classes

continued on the reverse side of this form

SEL 190

required information (if no relevant information, list "None")

↓ prior governmental experience *elected or appointed*

Oregon and Washington Healthcare Reform all through my career professionally in the past 36 years.

By signing this document, I hereby state:

→ that I will qualify for said office if elected

→ that all information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box:

By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$300 or receive more than \$300 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$300 during a calendar year, I must follow the requirements detailed in the 2008 Campaign Finance Manual.

By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the 2008 Campaign Finance Manual.

3/10/2009
date signed

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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) No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013)

RECEIVED
09 MAR 10 AM 9:45
TIM SCOTT
DIRECTOR OF ELECTIONS

for office use only

initials: Joe B

cash or check number

candidate id number

22023

receipt number

office number