

**Candidate Filing**  
**District**

**SEL 190**

rev 01/16  
ORS 255.235

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

This filing is an

Original

Amendment

**Office Information**

Filing for Office of: Gresham-Barlow School Board

District, Position or County: Position 5, Zone 4

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

**Name of Candidate**

| First    | MI | Last   | Suffix | Title |
|----------|----|--------|--------|-------|
| Danielle | A  | Currey |        | Dr    |

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

Danielle A Currey

**Candidate Residence/Route Address**

| Street Address           | City           | State     | Zip          |
|--------------------------|----------------|-----------|--------------|
| <u>207 SE Palmbad Dr</u> | <u>Gresham</u> | <u>OR</u> | <u>97080</u> |

**Candidate Mailing Address and Contact Information: Only one phone number is required.**

| Street Address or PO Box | City           | State     | Zip          |
|--------------------------|----------------|-----------|--------------|
| <u>207 SE Palmbad Dr</u> | <u>Gresham</u> | <u>OR</u> | <u>97080</u> |

| Work Phone | Home Phone | Cell Phone          | Fax                 |
|------------|------------|---------------------|---------------------|
|            |            | <u>971-409-8770</u> | <u>503-549-5619</u> |

| Email Address                    | Web Site, if applicable |
|----------------------------------|-------------------------|
| <u>daniellercurrey@gmail.com</u> |                         |

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

Naturopathic Doctor and Clinic Owner

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

Adjunct faculty - Clackamas Community College

RECEIVED  
17 FEB - 8 PM 1: 07  
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 |
|---|----------------------|------------------------------------|-----------------|
| National University of Natural Medicine | Doctorate            | Doctorate of Naturopathic Medicine | Naturopathy     |
| Oregon State University                 | B.S.                 | B.S.                               | General Science |
| Chemeketa Community College             | Associates           | A.A.                               | General Studies |
| Willamina High School                   | 12 <sup>th</sup>     | High School Diploma                |                 |

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.

Precinct Committee Person - Precinct #422

**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

02-08-2017  
 Date Signed

For Office Use Only Initials AB  
 P.L. Cash Receipt # 23745