| Car                                                      | ndidate's State                                                                                         | ement for Cou                                 | inty Voters' Par                                                                                                                | nphlet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| County Voters' I<br>Pamphlet. If the<br>form must be fil | Pamphlet' with your County Ele<br>e jurisdiction or district is locat<br>ed and the fee paid to each co | ections office. Please note that              | rm is to be used when filing a 'Can<br>t each county produces a separate<br>separate 'Candidate's Statement fo<br>b be printed. | County Voters'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| FILING INFORM                                            | IATION                                                                                                  |                                               |                                                                                                                                 | the Letter Land Color SATE Albert Land Property Constitution of Constitution and Color Col |  |  |
| Election:                                                | Primary 20_15                                                                                           | General 20                                    | Special                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                          | Original Statement                                                                                      | Amended Statement                             |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Name of Car                                              | ndidate (as it will appear o                                                                            | on ballot):                                   |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| _                                                        |                                                                                                         | Frieda J Christo                              | opher                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Filing for the                                           | e Office of (what's applica                                                                             | ıble):                                        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| District: David                                          | Douglas School District                                                                                 | Position: Board Member #                      | 7 Zone #:                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| "This Information                                        | on Furnished by" (required:                                                                             | name of Candidate or Com                      | mittee as should appear in Vot                                                                                                  | ers' Pamphlet):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Frieda J Christ                                          | opher                                                                                                   |                                               | / 18                                                                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| CONTACT INFO                                             | RMATION                                                                                                 |                                               |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Phone: Cell: (50                                         | 03) 780-1641                                                                                            | _Work: (503) 491-9577                         | Home: (503) 254-6369                                                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| E-Mail: frieda                                           | jc@comast.net                                                                                           |                                               |                                                                                                                                 | 0 <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| be false, is sub                                         |                                                                                                         | ass C felony, to imprisonme                   | ion of a Voters' Pamphlet state<br>nt for up to five years or to a fi                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Note:                                                    | Language which violates an                                                                              | y provision of ORS 251.415 v                  | vill be excluded from the Voters                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| - That all in<br>- I am the<br>- I have re               | author of this Statement (O                                                                             | RS 251.415);<br>actions for submitting this ' | ement is true to the best of my<br>Candidate Statement'; and                                                                    | TONS 53 knowledge;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Signature redacted 3-18_20/5                             |                                                                                                         |                                               |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                          | Landidaçe or Agent on Dena                                                                              |                                               | Date signed                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| (If applicable) P                                        | rinted name of Agent                                                                                    |                                               | Phone num                                                                                                                       | ber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| Cash-recelp Check #: Amount Required Inf                 | 141thamh<br>14: 23482<br>9480                                                                           | Optional Info?                                | (Å-No<br>Word Count                                                                                                             | (325 max):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |

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|          | (Candidate i        |          |                             |          | )         |
| ed typev | vritten word        | ds/numbe | ers for 'Re                 | equired' | and 'Opti |

TOTAL maximum of 325 hand-counted typewritten words/numbers for 'Required' and 'Optional Information', excluding bolded headings already printed on this form. All sections of the 'Required Information' must be completed. If there is not relevant information for a required section the word "None" should be inserted. If attaching a typewritten document with either the 'Required' and/or 'Optional Information' write "See Attached" in the appropriate section of this form.

Occupation (Present paid or unpaid employment):

Chief Administrative Officer, Cramer Fish Sciences (2003-present:

Member of David Douglas Educational Foundation (1991-present) Ten years Treasurer;

Co-Chair Housing Sub-committee for East Portland Action Plan (2011-present)

## Occupational Background (Any previous paid or unpaid employment):

Administration Manager - GemTop (1998- 2003);

Assistant Manager - Larson Bus Sales, Inc. (1995-1998);

Co-Owner - Mark's Car Clinic Inc. (1980-1996);

David Douglas High School PTSA (1985-1994) Two years President;

Floyd Light PTA(1983-85, 1988-1990), Three years Vice President;

David Douglas Citizen Advisory Committee (1979-82), One year Secretary;

Lincoln Park PTA (1978-88), Two years President, One year Treasurer

Educational Background: (relevant schools attended)

| Name of School             |   | Educational study - Major/minor                                | Diploma/Degree/Certificate |
|----------------------------|---|----------------------------------------------------------------|----------------------------|
| Portland State University  | , | Business Administration ,                                      | Masters ;                  |
| Portland State University  |   | General Business & Information Systems & Quantitative Analysis | Bachelors of Science ;     |
| Mt. Hood Community College |   | General Business ,                                             | Associates of Arts ;       |
|                            | , | ,                                                              |                            |

## Prior Governmental Experience (Elected or appointed):

David Douglas School Board, (1991-Present) Four years Chair;

David Douglas Budget Committee (1987-Present);

Member - Gateway Urban Renewal Program Advisory Committee (1998-2012);

Member - East Portland Action Plan Committee (1997-Present)

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Please attached a separate sheet for your optional information – remember, both your required and optional information count toward the 325 word limit.

Candidate ( Frieda J. Christopher ) checklist for 'Candidate's Statement for County Voters' Pamphlet (VP)' information;

| *** | renecking to Candidate Socaten                                     | icite to: County voters gamping (VP) miorination: |
|-----|--------------------------------------------------------------------|---------------------------------------------------|
|     | Typewritten & signed 'Candidate's Statement' for County VP         | (Optional) 'Optional Information'                 |
|     | 'Required Information':                                            | ✓ (Optional) Portrait EMALED                      |
|     | <ul><li>✓ Occupation;</li><li>✓ Occupational Background;</li></ul> | (If applicable) Endorsement Statement #:          |
|     | ✓ Educational Background;                                          | Fee provided                                      |

Prior Governmental Experience.

Word Count (325 words/numbers MAX)

## Candidate's Statement:

My husband Mark and I have been residents of the David Douglas community since 1976. I have been active working with students, staff, parents and the community. My focus has been to serve the district to the best of my ability and to advance the district goals in preparing the children for the 21<sup>st</sup> century. The David Douglas School District continues to face many challenges. There are limited financial resources, but at the same time the District must deal with high class sizes, over-crowded facilities and implementation of Common Core and Smarter Balance testing. The District continues to face tough decisions and each school board member will have to understand the implications of each choice so the best decisions for the children in David Douglas are made. 1 believe I have the experience and education to meet that challenge.

In addition, it is important to have open communication between school and community and as a school board member I will continue to be involved in the community and help foster partnerships between community groups, residents and the David Douglas School District.