Candidate Filing District

SEL 190

rev 01/16 ORS 255 235

				OK2 222.23
All information me	ust be completed or the form	will be rejected.		•
This filling is an	Orie	ginal	Amendment	
Office Information				
Filing for Office of: M	ESD Board of Direct	tors		
District, Position or Cou	inty:Multnomah Educ	cation Service District Zone	4, Position 4	
Filing Information				
Filing with the requ	ired \$10.00 fee			·
Prospective Petition	1			
Candidate Information				Andrew Company
Name of Candidate				
First Jodi	ļ мі М	Last Ballard-Beach	Suffix	Title
		Dallard-Deacl (
How you would like yo	ur name to appear on the ball			
Jodi Ballard-Bea	ach			<u></u>
Candidate Residence/F	loute Address			
Street Address 11544 SE Li	ncoln Ct	City Portland	State OR	^{Zip} 97216
Candidate Mailing Add	ress and Contact Information:	Only one phone number is required.		
Street Address or PO Bo 11544 SE Li	ncoln Ct	City Portland	State OR	^{Zip} 97216
Work Phone	Home Phone	Cell Phone 559-970-3769	Fax	
_{Email Address} odi.ballardbeac	h@gmail.com	Web Site, if applicable		
				**;*;
		erience, None or NA must be entered.	The state of the s	
HR Strategic Proje	cts Manager, Multnoma	an County		
Occupational Backgroup	nd (provious amplayment) if s	no relevant experience, None or NA mus	t he entered	
	er/Business Analyst, St	•	t de entereu.	
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BECEINED

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Buchanan High School	12th	HS Diploma	General
Central College	Graduated	BA	Anthropology
Claremont Graduate University	Graduated	MA	American Politics
Educational Background (other) Attach a separ	rate sheet if necessary.		
Prior Governmental Experience (elected or ap None Democratic Precinct			red.
Delinguistic frequen	William 100	, , ,	
Campaign Finance Information (not applicable	e to candidates for federal of	fice)	
Candidate Committee		and the contract of the contra	
Candidate Committee			
Yes, I have a candidate committee.			
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