

# Filing of Candidacy for Special District Nomination

**SEL 190**

rev 02/11: ORS 255.235

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**Candidate Information**

**Candidate Name**

Dorothy Clark

**Filing for Office of**

Centennial School District

**How Name Should Appear on Ballot**

Dorothy Clark

**District, Position or Zone Number** if applicable

Position 3 Director At Large 4 year term ending June 30, 2015

**Residence Address, Street/Route**

3707 SE 168th Ave

|                                   |                                   |                          |   |
|-----------------------------------|-----------------------------------|--------------------------|---|
| <b>City</b><br>Portland           | <b>State</b><br>OR                | <b>Zip Code</b><br>97236 | <b>County of Residence</b><br>Multnomah |
| <b>Home Phone</b><br>503-661-3975 | <b>Work Phone</b><br>503-794-1900 |                          | <b>Cellular Phone</b><br>971-227-7662   |

|                  |  |   |
|------------------|--|---|
| <b>Fax</b><br>NA | <b>Email Address</b><br>jndclark@gmail.com | <b>Date of Election</b><br>May 17, 2011 |
|------------------|--|---|

**Mailing Address** where all correspondence will be sent, **Street/Route**

P.O. Box 66732

|                         |                    |                          |
|-------------------------|--------------------|--------------------------|
| <b>City</b><br>Portland | <b>State</b><br>OR | <b>Zip Code</b><br>97290 |
|-------------------------|--------------------|--------------------------|

**Filing Information**

- 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

Dental Hygienist

**Occupational Background** previous employment – paid or unpaid

Sunnybrook Family Dental 2005- Present

Dr. Gerald Purvine 2001-2011

Estacada Job Corps 2001- 2009

Willamette Dental Group 1999-2001

Dr. Robert Gill 1991- 1999

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**Educational Background** schools attended, use attachment if needed

| <b>Complete Name of School</b> no acronyms | <b>Last Grade Level Completed</b> | <b>Diploma/Degree/Certificate</b> (AA, BA, BS, MA, PhD, etc) | <b>Course of Study</b> optional |
|--|-----------------------------------|--|---------------------------------|
| Libby Senior High School                   | Graduated 1976                    | High School Diploma  | General                         |
| Great Falls Vo-Tech                        | Graduated 1977                    | Certified Dental Assistant                                   | Dental Assisting                |
| Mt Hood Community College                  | Graduated 1982                    | Associate Degree   | Dental Hygiene                  |

**Other:**

**Required information** (if no relevant information, list "none")

**Prior Governmental Experience** elected or appointed

None

*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 \$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*.
- 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 *Campaign Finance Manual*.



16 March 2011

**Candidate's Signature**

**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).

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**For Office Use Only**

  *pk*                          *\$10.00/receipt #22568*                          *Ma*    
Initials                                      Cash or Check Number                                      Candidate ID Number