

District Candidate Filing

SEL 190
rev V12: ORS 255.235

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Candidate Information

Candidate Legal Name*
Jacob Zachary Woolsey

Candidate Name (As it should appear on ballot)*
Jake Woolsey

Filing for Office of*
Director, Reynolds School District

District and/or position (if applicable)*
District #7 Position #4

Residence Address, Street/Route*
1647 NE Market DR

City* Fairview	State* OR	Zip* 97024	County of Residence* Multnomah
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Home Phone N/A	Work Phone N/A	Cell Phone (503) 791-6350	Fax
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Email Address*
jakewoolsey1@gmail.com

Date of Election*
May 21, 2013

Mailing Address (where all correspondence will be sent) Street/Route*
1647 NE Market DR

City* Fairview	State* OR	Zip* 97024
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* Indicates a required field. At least one phone number is also required.

Filing Information

- Filing with the required \$10.00 fee.
- Filing by petition with the required signature sheets.

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

Occupation present employment – paid or unpaid (required)
None

Occupational Background previous employment – paid or unpaid (required)
Nike Employee Store, Beaverton, OR - Athlete
Gap Outlet, Troutdale, OR - Sales Associate

Educational Background schools attended, use attachment if needed (required)

Complete Name of School (no acronyms)	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Proschools		Graduated	Oregon Real Estate Agent Course
Reynolds High School	12	Graduated	

Other:

Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)

None

By signing this document, I hereby certify that:

- I will qualify for said office if elected
- 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 (not applicable to candidates for federal office - US Senate and US Representative):

- By marking this box, I certify I do not have an existing candidate 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 2012 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 2012 Campaign Finance Manual.

Signature

By signing this document, I certify that I am a resident of the State of Florida and that I am qualified to hold the office of State Representative. I understand that I must file a Statement of Organization for Candidate Committee (SEL 220) if I am running for office. I understand that I must file a Statement of Organization for Candidate Committee (SEL 220) if I am running for office. I understand that I must file a Statement of Organization for Candidate Committee (SEL 220) if I am running for office.

[Redacted Signature]

3/21/13

Candidate's Signature

Date Signed

For Office Use Only

Print Name

CASH

Check (Bank Name) or credit card approval

25071

Number