District Candidate Filing

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Candidate Information Candidate Legal Name* Candidate Name (As it should appear on ballot)* A. Scarcelli Ancheta Cheryl A. Scarcelli Anche Cherry District and/or position (if applicable)* Filing for Office of* Board - Position School David Douglas Residence Address, Street/Route* Brookside SE 11615 State* Citv^{*} Zip* County of Residence* 97266 Multroma [01 t Work Phone **Cell Phone** Fax **Home Phone** 583-5 503-761-1152 103-803-0122 503-574-7128 Email Address* Date of Election* scarcelli Cemail, con Mailing Address (where all correspondence will be sent) Street/Route* same as Resolution ē.4.3 City* Zip* State* * Indicates a required field, At least one phone number is also required. **Filing Information** Filing with the required \$10.00 fee. O Filing by petition with the required signature sheets. 14.3 Providence Health Plan f > 2Vales Required Information (if no relevant Information, list "none") Sales, Providence Health Plan, 8 years Occupational Background previous employment-paid or unpaid (required) Sales Representative and Financial Accountant Regence Blue Cross Blue Shreld of Oregon, 28 years, Pastoral Council President, St. Michael the Arch angel Church; and Mother of two Occupation present employment – paid or unpaid (required) children who Aftended David Douglas Educational Background schools attended, use attachment if needed (required) Complete Name of School (no acronyms) Last Grade Level Diploma/Degree/Certificate **Course of Study** Completed (AA, BA, BS, MA, PhD, etc) optional 12th brade David Douglas braduate 1970 And BS in Leadership and Hanagement, Mary/hurst University Other:

5]	Required Information (if no relevant information, list "none" or "n/a") Prior Governmental Experience elected or appointed (required) David Douglas School District # 40 Brand of Directorss Diregon and Washington State Health Care Brand of Directorss Jational Kidney Foundation, Executive Women's Golf Association, Ntland Rotary & Clackamas Rotary phael House Dert Park Element ary, alice Off Middle School PTA Ibert Park Element ary, alice Off Middle School PTA Ibert Park Element ary, alice Off Middle School PTA
	By signing this document, I hereby certify that: > 1 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.
	O 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.



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 and ORS 249.170).

Candidate's Signature

For Office Use Only

Initials

Z/151 Date Signed

 \mathcal{O} Receipt #

Cash, Check Number, or credit card approval #

4284

12013