

District Candidate Filing

SEL 190

rev 1/12: ORS 265.235

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Candidate Information

Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
April Nicole Scott Eaton		April Eaton	
Filing for Office of*		District and/or position (if applicable)*	
School Board Member		Corbett School District Position #3	
Residence Address, Street/Route*			
1620 SE Henkle Road			
City*	State*	Zip*	County of Residence*
Corbett	OR	97019	Multnomah
Home Phone	Work Phone	Cell Phone	Fax
503-695-2621	503-780-9612	503-780-9612	503-489-0550
Email Address*		Date of Election*	
aprileatonent@comcast.net			
Mailing Address (where all correspondence will be sent) Street/Route*			
1620 SE Henkle Road			
City*	State*	Zip*	
Corbett	OR	97019	

* 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)

certified Nutritional Therapist and licensed massage Therapist

Occupational Background previous employment - paid or unpaid (required)

Oregon Trout 1995-1996

→ Oregon's Wild Harvest 1999-2000

↳ Kimberli Mattman, DVM Veterinary Help + Childcare 1996-1998

Nature's Fresh Northwest 2000-2001

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
Corbett High School	12	Diploma	
Mount Hood Community College		Certificate in Technical + Professional	
City University		BA Comparative Literature	Writing
Portland Community College + Nutritional Therapy Ass.		Certificate in	Nutrition
East West College of the Healing Arts		License in Massage	Therapy
Other:			

(continued)

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

Prior Governmental Experience elected or appointed (required)

None

2013 MAR 11 7:11:53
DIRECTOR OF ELECTIONS

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.

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 Signature 

3/7/2013
Date Signed

For Office Use Only

Initials JAR

Cash, Check Number, or credit card approval # Cash

Receipt # 23018