

District Candidate Filing

SEL 190

rev 1/12; ORS 255.235

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Candidate Information

Candidate Legal Name*

George W. Yellott

Candidate Name (As it should appear on ballot)*

George (Penny) Yellott

Filing for Office of*

Mt Hood Community College Board Zone 4

Residence Address, Street/Route*

3914 SE 12th #17

City*

Seaside

State*

OR

Zip*

97136

County of Residence*

Multnomah

Home Phone

503-408-8450

Work Phone

Cell Phone

503-934-5090 503-908-5950

Fax

Email Address*

Yellott@seaside.net

Date of Election*

5/21/13

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

P.O. Box 16954

City*

Seaside

State*

OR

Zip*

97132

* 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)

P.C.P. H.D. Captain

Occupational Background previous employment - paid or unpaid (required)

truck driver
casino employee
Bartender

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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

Seaside Community College

AA-5

General Services

University of New England

A.S. / Honor

Hotel Administration

Seaside Community College

Other:

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(continued)

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

Prior Governmental Experience elected or appointed (required)

1/1/13

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).



9/21/13
Date Signed

For Office Use Only

Initials

1719
Cash, Check Number, or credit card approval #

23079
Receipt #