This information is a matter of public record and may be published or reproduced.
Original
O Amendment

Candidate Information						
Candidate Legal Name*		Candidate Name (As	s it should ap	pear on ballo	•t)*	
Kali Inorne Lada		Kali Thorr	re Lad	d	<u> </u>	
Filing for Office of*		District and/or posit		able)*		
Residence Address, Street/Route*	College Br	sand Zone	2			
3307 North Tem		Zip*	County of R	lesidence*		
Portand	of 9	7217	Mutthomah			
Home Phone Work F	hone	Cell Phone	1.10111	Fax	<u>م</u>	
971-235-6836						
Email Address*	Date of Election*					
Triendsofkaliagmail.com						
Mailing Address (where all correspondence	e will be sent) Street/Ro					
P.O. Box 10321	OK.	1296		·	<u> </u>	
City*	State* 2	Zip*		Č.)		
* Indicates a required field. At least one phone number is also required.				: 0 [7]		
Filing Information						
Filing with the required \$10.00 fee.						-
O Filing by petition with the required sigr	nature sheets.	· · · · ·			·····	
Required Information (if no relevant inform					မ္	
Occupation present employment – paid or unpaid (required)					C) C)	
CO-Chair KairOSPC Occupational Background previous emplo						
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Education Strates	tes Directa	r. Affic	. A.M.		Ad.	A
Education Strateg	- 1.601-) UTIC	0710	ayor	rpan	1Ş
-				-		
Educational Posteround ask ast - the dat					<u> </u>	
Educational Background schools attended, Complete Name of School (no acronyms)	, use attachment if neede Last Grade Level	d (required) Diploma/Degree/	Certificate	Course	e of Study	
	Completed	(AA, BA, BS, MA,		optiona		
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Briston (2012) -		D A		T.L. I	· D	 1
Bostan College		- PM		COUCON	IONITS	<u>ic nong</u> y
traward		MA		Educati	on Poli	icy V
				_		- I
Other:	- <u></u> -		<u> </u>	<u> </u>		

Required Information (if no relevant information, list "none" or "n/a") Prior Governmental Experience elected or appointed (required)

Mayors office, City of Partand. Multhaman Caunty Commission on Childrens Families Oregon Department of Education.

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):

- Q 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).

Carpandates Signature or Office Use Only

Cash, Check Number, or credit card approval #