

District Candidate Filing

SEL 190

rev 1/12, ORS 255.235

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Candidate Information

Candidate Legal Name* Karina Rae Morin Lande	Candidate Name (As it should appear on ballot)* Karina Lande
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Filing for Office of* Corbett School District Board of Directors	District and/or position (if applicable)* Position # 5
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Residence Address, Street/Route*
38210 E Knieriem Rd

City* Corbett	State* OR.	Zip* 97019	County of Residence* Multnomah
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Home Phone 503-695-3488	Work Phone	Cell Phone 971-276-8821	Fax
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Email Address* kmlande@aol.com	Date of Election* 5-21-2013
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Mailing Address (where all correspondence will be sent) Street/Route*
38210 E Knieriem Rd

City* Corbett	State* OR.	Zip* 97019
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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)
Home Manager & Mom

Occupational Background previous employment – paid or unpaid (required)
 A Sunny Place Learning Center - Preschool Teacher Assistant
 ACTI - Business Support Associate
 Valley View Medical Clinic - Medical Assistant
 UPS - Skilled Sorter

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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
Columbia High School, White Salmon Wa.	General Education	-Diploma 1993	
Mt. Hood Community College, Gresham OR.	Business Management + Communications / Professional Writing		
Concorde Career Institute, Portland OR.	Certified Medical Assisting & X-Ray Technician		

Other:

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

Prior Governmental Experience elected or appointed (required)

N/A

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's Signature

Date Signed

3-10-13

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

Receipt #