

**Candidate Filing
District**

i All information must be completed or the form will be rejected.

This filing is an Original Amendment

Office Information

Filing for Office of: **Mt. Hood Community College Board of Directors**

District, Position or County: **At Large Position 7**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First Tamie	MI L	Last Tlustos-Arnold	Suffix	Title RN
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How you would like your name to appear on the ballot

Tamie Tlustos-Arnold

Candidate Residence/Route Address

Street Address 892 NE Clear Creek Way	City Fairview	State OR	Zip 97024
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Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box 1651 NE Market Drive	City Fairview	State OR	Zip 97024
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Work Phone	Home Phone	Cell Phone 503-317-8001	Fax
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Email Address nursetamie@comcast.net	Web Site, if applicable
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Occupation (present employment) If no relevant experience, None or NA must be entered.

Professional Development Consultant

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Healthcare, Education, Health & Fitness, Banking/ Credit Union.

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Oregon Health Sciences University	18	Certificate/ Degree in progress	Healthcare Administration
Walla Walla College School of Nursing	16	Degree	Nursing
Mt. Hood Community College	14	Degree	Associate of Science
Gresham High School	12	Diploma	General

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

MHCC Board of Directors/Director, Oregon Community College Association/ Board Member, Association of Community College Trustees/ Committee Member, Fairview City Council/City Councilor, 3 Cities User Board/Committee Member, Regional Disaster Preparedness Organization Policy Committee, Representative for the League of Oregon Cities at the Local Government Advisory Committee, League of Oregon Cities Community Development Committee, Fairview Budget Committee Member, Fairview Public Safety Advisory Council Member, Parks and Recreation Advisory Committee Member, Arts and Community Events Advisory Committee Member, Economic & Development Advisory Committee Member, & Reynold's School District Budget Committee Member.

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

- Yes, I have a candidate committee.
- No, 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 Campaign Finance Manual.
- No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

By signing this document, I hereby state that:

- I will qualify for said office if elected
- all information provided by me on this form is true to the best of my knowledge

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). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Signature redacted

RECEIVED
 19 FEB 11 PM 12:4
 DIRECTOR OF ELECTIONS
 M. SCOTT

2/11/19

Candidate's Signature

Date Signed

For Office Use Only Initials _____