

District Candidate Filing

SEL 190
rev 1/12: ORS 255.235

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

Candidate Information

Candidate Legal Name* Diane D Whitehead	Candidate Name (As it should appear on ballot)* Diane Whitehead
Filing for Office of*	District and/or position (if applicable)* <i>بد</i> Reynolds School Board Position 1

Residence Address, Street/Route*
3833 SE Douglass Ct

City* Troutdale	State* OR	Zip* 97060	County of Residence* Multnomah
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Home Phone 503-666-2909	Work Phone	Cell Phone 503-860-1911	Fax
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Email Address* diane.whitehead@comcast.net	Date of Election* <i>May 19, 2015</i>
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Mailing Address (where all correspondence will be sent) Street/Route*
3833 SE Douglass Ct

City* Troutdale	State* OR	Zip* 97060
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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)
Retired

Occupational Background previous employment – paid or unpaid (required)
Regional Facilities Manager for CH2M HILL 33 Years

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 TIM SCOTT
 DIRECTOR OF ELECTIONS

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
Centennial High School	Graduated		
Mt Hood Community College	Graduated	AA	Accounting
Portland State University	Graduated	BS	Business Management

Other:

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

Prior Governmental Experience elected or appointed (required)

Reynolds School Board position 1 Currently serving in appointed position vacated by prior board member

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).

Diane Whitehead

2-17-2015

Candidate's Signature

Date Signed

For Office Use Only

LD
Initials

2683
Cash, Check Number, or credit card approval #

23398
Receipt #