District Candidate Filing

SEL 190

andidate Information				
andidate Legal Name*	,	Candidate Name (As it should	appear on ballot)*	
Kali Thorne Leaded		Kali Thome La	dd.	
iling for Office of*		District and/or position (if appl		
Podland Commun	ity College?	Board. Zone:	2	
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n	vork Phone	Cell Phone	Fax	
171-235-6836.	1 =			
mail Address*	Date of Election*	-1.010		
-trienasotkali@gma		5/14/2015	· · · /# /%	
lailing Address (where all corfespo	ndence will be sent) Stree	et/Routé* '		
sami as above.				
ity*	State*	Zip*		
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Check the applic	cable box (not applicable By marking this box, I ce	ertify I do not have a	n existing candida	ate committee ai	nd I do not expect to	spend more than
	\$750 or receive more th transactions and if total	contributions or total	al expenditures ex	ceed \$750 durin	st still keep records g a calendar year, I i	of all campaign must follow the
	requirements detailed in By marking this box, I ce				nent of Organization	for Candidate
50 50	Committee (SEL 220). F	or detailed instruction	ons, see the 2012	Campaign Finan	ice Manual.	
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Warning Supplying	false information on this f	form may result in co	nviction of a felon	ny with a fine of u	p to \$125,000 and/o	r prison for
up to 5 ve	ars. (ORS 260,715). No pe ectors residing in the distri	rson may be a candi	date for more than	n one district offic	ce, unless the distric	et has less than
	ne election. (ORS 249.013					Pogiina
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Candidate's Sig	ynature /		_	Da	ate Signed	<u> </u>
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Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)