

# Filing of Candidacy for Special District Nomination

**SEL 190**

rev 01/10: ORS 255.235

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**Candidate Information**

Candidate Name KATHERINE J. RUTHRUFF		Filing for Office of BOARD OF DIRECTORS	
How Name Should Appear on Ballot KATHERINE J. RUTHRUFF		District, Position or Zone Number if applicable GRESHAM BARLOW JT10 - ZONE 1	
Residence Address, Street/Route 16200 SE ROYER RD			
City DAMASCUS	State OR	Zip Code 97089	County of Residence CLACKAMAS
Home Phone 503-658-3391	Work Phone 503-658-8436	Cellular Phone	
Fax 503-658-6866	Email Address kruthruff@gmail.com	Date of Election MAY 17, 2011	
Mailing Address where all correspondence will be sent, Street/Route 16200 SE ROYER RD			
City DAMASCUS	State OR	Zip Code 97089	

**Filing Information**

- Filing of candidacy by declaration, with the required \$10.00 fee.
- Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

**Required Information** (if no relevant information, list "none")

**Occupation** present employment – paid or unpaid  
DAMASCUS TAX AND ACCOUNTING INC. SEC/TREAS.

**Occupational Background** previous employment – paid or unpaid  
SAFEWAY INC

2011 FEB - 8 PM 12:54  
 TTM 500/11  
 DIRECTOR OF ELECTIONS

Educational Background schools attended, use attachment if needed			
Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
PORTLAND STATE UNIVERSITY	16	BS	
OREGON STATE UNIVERSITY	13		
JOHN MARSHALL HIGH SCHOOL	12		

Other:

Required Information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed

BOARD OF DIRECTORS - GRESHAM BARLOW JT10 SCHOOL DIST.  
PLANNING COMMISSION - CITY OF DAMASCUS, OR.  
COMMUNITY COORDINATING COMMITTEE - CITY OF DAMASCUS, OR  
BUDGET COMMITTEE - CITY OF DAMASCUS, OR.  
COMMISSION ON CHILDREN AND FAMILIES - CLACKAMAS, OR

By signing this document, I hereby state:

- that I will qualify for said office if elected
- that 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:

- By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the 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 Campaign Finance Manual.

RECEIVED  
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TAMSOFT  
DIRECTOR OF ELECTIONS

[Redacted Signature]

Candidate's Signature

2/8/11

Date Signed

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**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).

**For Office Use Only**

Initials <i>ck</i>	Cash or Check Number CK# 34	Candidate ID Number
Receipt Number 22489	Office Number	