Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p. 503.986.1518 | f. 503.373.7414 | www.oregonvotes.org

Filing of Candidacy for Special District Nomination

SEL 190

	record and may be pu	blished or reproduc	ea.		
Condidate Information					
Candidate Information Candidate Name	Filippo des Offices et				
Kris G. Howatt		Filing for Office of Director, School Board			
How Name Should Appear on Ballot	District, Position or Zone Number if applicable				
Kris G. Howatt	' ·	Gresham-Barlow, Zone 3 Position 2			
Residence Address, Street/Route		Otestiani-L	ariow, Zorie o i	OSITION 2	
1558 NW 12th Ct					
City	State	Zip Code	County of Res	idence	
Gresham	OR	97030	Multnoma		
Home Phone	Work Phone		Cellular Phone		
503.669.9255	1		,		
Fax Email Address		Date of Election	<u> </u>	AND THE STREET OF THE STREET O	
kris.howatt@	kris.howatt@gmail.com		May 17, 2011		
Mailing Address where all correspondent 1558 NW 12th Ct	ce will be sent, Street/	Route			
City	State	Zip Code			
Gresham	OR	97030			
Filing Information				•	
• Filing of candidacy by declaration, with	the required \$10.00 fee	Э.			
O Filing of candidacy by petition, with the of the electors residing in the electoral					
Required Information (if no relevant infor	rmation, list "none")				
Occupation present employment – paid of Homemaker	or unpaid			ŕ	
Occupational Background previous emp	loyment – paid or unpai	d	***************************************		
Me	mputer Specialist ntract Administrati ter Reader rd Processing				
Educational Background schools attende Complete Name of School no acronyms Sam Barlow High School	ed, use attachment if ne Last Grade Level Completed 12	Diploma/De	egree/Certificate , MA, PhD, etc)	Course of Study optional	
Complete Name of School no acronyms	Last Grade Level Completed	Diploma/De (AA, BA, BS			

Other:

Required Information (if no relevant information; list "none") Prior Governmental Experience elected or appointed Board of Directors, Gresham-Barlow School District Board of Directors, Oregon School Boards Association Bureau Advisory Committee (Purchasing) - City of Portland 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.

			2/10/2011
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Candidate's Signature

Date Signed

> This information is a matter of public record and may be published or reproduced.



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).

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For Office Use Only

Initials

Cash or Check Number

Candidate ID Number

Receipt Number

Office Number