Candidate Legal Name*					
Candidate Legal Name* Lacey Lynn Auble Filing for Office of* Board of Directors		Candidate Name Lacey Auble	Candidate Name (As it should appear on ballot)* Lacey Auble District and/or position (if applicable)* Corbett School District #39/Position 6		
Residence Address, Street/Ro 33000 NE Mershon Rd	oute*		<u> </u>		
City* Corbett	State*	Zip* 97019	County of Re Multnomal	of Residence* mah	
Home Phone 503-695-5378	Work Phone	Cell Phone 503-799-4		Fax	
Email Address* lacey.auble@gmail.com	Date of Election 5/19/2015	on*		· · · · · · · · · · · · · · · · · · ·	
Mailing Address (where all co PO Box 297	rrespondence will be sent) S	Street/Route*			
City* Corbett * Indicates a required field. A	State* OR at least one phone number i	Zip* 97019 is also required.			
Filing Information				·	
O Filing with the required \$10	0.00 fee.				
Filing by petition with the r	equired signature sheets.				
Required Information (if no rel					
Occupation present employment – paid or unpaid (required) Medical Support Assistant				RE ISFEB DIRECTOR	
Occupational Background prediction Department of Veteran's United States Army/Arm	s Affairs 4/2006-Preser	nt		ECEIVED B 23 PM 2: 57 FIM SCOTT DR OF ELECTIONS	
Educational Background school Complete Name of School (no			ree/Certificate MA, PhD, etc)	Course of Study optional	
Excelsior College		•		Nursing	
Barstow Community College		AA		Social Science	
Clackamas Community			General Studies		
Milwuakie High School		Diploma		General Studies	

Required Information (if no relevant information, list "none" or "n/a") Prior Governmental Experience elected or appointed (required) None

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 O 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).

Candidate's Signature

For Office Use Only

Cash, Check Number, or credit card approval #

Receipt #