

Filing of Candidacy for Special District Nomination

SEL 190
rev 02/11: ORS 255.235

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

Candidate Information

Candidate Name Tamara Schaffner	Filing for Office of Reynolds School District #7
How Name Should Appear on Ballot Tamara L. Schaffner	District, Position or Zone Number if applicable Director Position 5

Residence Address, Street/Route

1129 SE 26th St.

City Troutdale	State OR	Zip Code 97060	County of Residence Multnomah
Home Phone	Work Phone 503-802-8333	Cellular Phone 503-805-8687	

Fax	Email Address schaffnerfam4@gmail.com	Date of Election May 17, 2011
-----	--	----------------------------------

Mailing Address where all correspondence will be sent, **Street/Route**

same as above

City	State	Zip Code
------	-------	----------

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
Housing Authority of Portland - Paid

Occupational Background previous employment – paid or unpaid

Social Services - Paid
Retail Sales - Paid

DIRECTOR
 2011 MAR 16 PM 12:49

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
University of Portland		BS	Organizational Communication

Other:

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

Prior Governmental Experience elected or appointed

None

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 \$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 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.

Candidate's Signature

Date Signed

3/15/2011

DIRECTOR OF ELECTIONS
2011 MAR 16 PM 4:29

→ 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).

For Office Use Only

Initials

Cash or Check Number

Candidate ID Number

Receipt Number

Office Number

pk

#1110

#22572