All information must be	completed or the form will be rejecte	d.				
This filing is an	Original	Amendme	ent			
Office Information						
Filing for Office of:	sition 4 Dice	ector				
District, Position or County:	Bokrose S	chool Distric	+#3			
Filing Information		e e	· · · · · · · · · · · · · · · · · · ·			
Filing with the required \$	10.00 fee					
Prospective Petition	· · · · · · · · · · · · · · · · · · ·					
Candidate Information						
Name of Candidate		е .				
First	MI   Last	nckenzie	Suffix Title			
How you would like your name to appear on the ballot						
Sonja	Mckenzie	<del></del> .				
Candidate Residence/Route	Address					
Street Address		City P	State Zip			
10103 NE	INDUPEDEN 21	- INFIBIO	UK 9 toda			
Candidate Mailing Address and Contact Information: Only one phone number is required.						
Street Address or PO Box	Thomason St.	city fortland	State Zip OR 97220			
Work Phone	Home Phone 171263-9623	Cell Phone Fa:	x			
Email Address	,	Web Site, if applicable				
5000 a_m	ckenzieehotmi	ail.com				
Occupation (present employ	ment) If no relevant experience, None	or NA must be entered.				
Non-profit Program Director						
Occupational Background (previous employment) If no relevant experience, None or NA must be entered.						
Program Coordinater-OHSU						
Volunteer Coordinator- World Affairs Council Special Education teacher-Alief + Ft. Bend ISD						
Special Education teacher-Alies + Ft. Rentron						
(1995-1998)-Houston, Tx.						

Complete name of School (no acronyms) Last Gra	de completed	Diploma/Degree/Certificate	Course of Study			
Sam Haeston State	6	BFA	Radio Tud Film			
Begion IX ESD	8	Teacher Certification	Spacial adi			
Brotland State University	19	Certificate	Human Res. M			
<u>'</u>	· <del>-</del>					
Educational Background (other) Attach a separate sheet if n	iecessary.		<del></del> .			
15 HOU 2016	001 12	Diploma	<del></del>			
Prior Governmental Experience (elected or appointed) If n						
Appointed Notary Public by Present Dest Meto STEKN	State c 1 Partner	ship-Leadership	Missionel 200 (2016-2018)			
Campaign Finance Information (not applicable to candidate	es for federal of	fice)				
Candidate Committee						
Yes, I have a candidate committee.						
No, I do not expect to spend more than \$750 or receive records of all campaign transactions and if total contribu follow the requirements detailed in the Campaign Finance.  No, but will be filing a Statement of Organization for Car	tions or total exp ce Manual.	oenditures exceed \$750 during a				
By signing this document, I hereby state that:  → I will qualify for said office if elected						
→ all information provided by me on this form is tro	ue to the best of	my knowledge				
Warning Supplying false information on this form may resulup to 5 years. (ORS 260.715). A person may only fit (ORS 249.013 and ORS 249.170)		•	25,000 and/or prison for			
PECETVE PN SCOTT THM SCOTT			Date Signed			