rev 01/16 ORS 255.235

Candidate Residence/Route Address Street Address O1333 SW Pomona St Candidate Mailing Address and Contact Information: Only one phone number is required. Street Address or PO Box O1333 SW Pomona St City City City Portland City Portland City Portland OR State Zip O1333 SW Pomona St City Portland OR 97219 Cell Phone 440-610-0130	All information must	be completed or the form w	vill be rejected.		
Filing for Office of: Position 3 Director District, Position or County: RIVERDALE SCHOOL DISTRICT #51JT Filing Information Filing with the required \$10.00 fee Prospective Petition Candidate Information Name of Candidate First	se a la Taranta de la companya della companya della companya de la companya della	Origi	inal	Amendment	and the state of the
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Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Owens College	Sophomore	None	Medical Science
Eastfield College	Freshman	None	Music & Recording
Mesquite High School	Senior	High School Diploma	Electronics
Educational Background (other) Attach a sepa	rate sheet if necessary.		1
<u> </u>		- ·	
Prior Governmental Experience (elected or a	ppointed) If no relevant expen	lence, None or NA must be ente	red.
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None			
None Campaign Finance Information (not applicable)	e to candidates for federal of	fice)	
Campaign Finance Information (not applicabl	e to candidates for federal of	fice)	
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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 true to the best of my knowledge

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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). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Candidate's Signature

Date Signed

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