rev 01/14 ORS 255.235

This filing is an	Original		Amendment	
Candidate Information				
Name of Candidate			ring of the first filter of the second secon	
DOMINIC	MI Last	Federico	Suffix	Title
How you would like your name to appea	r on the ballot			·
First	MI Last	Federico	Suffix	
Candidate Residence/Route Address				
Street Address	ſ	City	State	Zip
5550 Sandra	lane	Turner	OR	97392
Candidate Mailing Address				NEW YORK AND
Street Address or PO Box	_	City	State	Zip
5550 Sandra	Lane	Turner	OR	973.
Contact Information: Only one phone nu				
Work Phone Home I 503 - 588 - 351 B	Phone 03 510 623	cell Phone 33 (Same)	Fax	
503-588-3511 5 mail Address dominic Federica	@ Yahi	Web Site, if applicable		
iling Information				
Filing with the required \$10.00 fee				
Prospective Petition				
Office Information				
iling for Office of:				
istrict, Position or County: Cus	cade School	District Posis	hon 1	
ccupation (present employment) If no re	elevant experience, No	one or NA must be entered.		
Mortage Broke	r			
ccupational Background (previous empl	oyment) If no relevant	experience, None or NA must b	pe entered.	
Mortguge Broker				



Continued on the reverse side of this form

	o relevant experience, None or NA must be entered.	9.4
Complete name of School (no acronyms)	Last Grade completed Diploma/Degree/Certificate	Course of Study
pregon state University	BS Augusta Bis. Business	Bugmess /Comm
•	Lindargrad Complete	,
ducational Background (other) Attach a separate	e sheet if necessary.	
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ior Covernmental Evnerience (elected or anno	inted) If no relevant experience, None or NA must be enter	ed:
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Current school bo	ara proposer for fact by	<i>eu.</i> /
DIN Carrade School	inted) If no relevant experience, None or NA must be enter and Mumber for last & Y I beard	
on cugenus some		
ampaign Finance Information (not applicable to	candidates for federal office)	
andidate Committee		
Yes, I have a candidate committee.		
	or receive more than \$750 during each calendar year. I und	erstand I must still keep
records of all campaign transactions and if total	l contributions or total expenditures exceed \$750 during a	
follow the requirements detailed in the Campai		
No, but will be filing a Statement of Organization	on for Candidate Committee (SEL 220).	
signing this document, I hereby state that:		
→ I will qualify for said office if elected		
· · ·	form is true to the best of my knowledge	
· ·	form is true to the best of my knowledge	
→ all information provided by me on this	form is true to the best of my knowledge	
→ all information provided by me on this warning		25,000 and/or prison for
 → all information provided by me on this Warning Supplying false information on this form up to 5 years. (ORS 260.715). A person m 	form is true to the best of my knowledge may result in conviction of a felony with a fine of up to \$12 nay only file for one lucrative office at the same election.	25,000 and/or prison for
 → all information provided by me on this Warning Supplying false information on this form 	may result in conviction of a felony with a fine of up to \$12	25,000 and/or prison for
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Candi	date	Fil	ing
District			

Candidate Information Name of Candidate			1	
Name of Candidata				
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First	MI	Last	Suffix	Title
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How you would like your name to ap	opear on the ball	ot		
First	MI	Last	Suffix	
Heather	<u> </u>	Pate		
Candidate Residence/Route Address	i			
Street Address		City	State	Zip
6046 B Street SE		Turner	Or	97392
Candidate Mailing Address				
Street Address or PO Box		City	State	Zip
6046 B Street		Turner	Or	97392
Contact Information: Only one phone	number is requi	red.		
Work Phone Hor	me Phone	Cell Phone 50399936	78	
Email Address		Web Site, if applical	ole	
leatehrlynn.pate@gmail.com		·		
Filing Information				
Filing with the required \$10.00 fee		***		
Prospective Petition				
Office Information			•	
Filing for Office of: Director ρ_{OSI}	tion 2			
District, Position or County: Cascade				
Occupation (present employment) If r	no relevant exper	ience, None or NA must be entere	ed.	
tate of Oregon - Managment				
Occupational Background (previous e	mployment) If no	relevant experience, None or NA	must be entered.	·
Α				

Educational Background (schools attended)	1		
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
NIA		-	
ducational Background (other) Attach a sepa	rate sheet if necessary.		
	·		
rior Governmental Experience (elected or a	pointed) If no relevant exper	ience, None or NA must be ente	red.
lected Cascade School Board - 20	07 2011		
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	07, 2011		
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Campaign Finance Information (not applicabl Candidate Committee		fice)	
Campaign Finance Information (not applicabl Candidate Committee	e to candidates for federal of		oretand I must still koo
Campaign Finance Information (not applicable Candidate Committee Yes, I have a candidate committee. No, I do not expect to spend more than \$7	e to candidates for federal of 50 or receive more than \$750	during each calendar year. I und	
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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)



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