## **Candidate Filing**

**SEL 190** 

**District** 

rev 01/16 ORS 255.235

| All information must be completed o                              | r the form will be rejecte      | ed.                     | *                |                |                      |
|--|---------------------------------|-------------------------|------------------|----------------|----------------------|
| This filing is an  | Original                        |                         | Amendment        | ·.<br><b>t</b> |                      |
| Office Information   |                                 |                         |                  |                |                      |
| Filing for Office of: Director of                                | Gervais Sch                     | nool District           |                  |                |                      |
| District, Position or County: Position                           |                                 |                         |                  |                |                      |
| Filing Information   |                                 |                         |                  |                |                      |
| Filing with the required \$10.00 fee                             |                                 |                         |                  |                |                      |
| Prospective Petition   |                                 |                         |                  |                |                      |
| Candidate Information  |                                 |                         |                  |                |                      |
| Name of Candidate  |                                 |                         |                  |                |                      |
| First Deborah  | MI K Last 6                     | Sullivan                |                  | Suffix         | Title                |
| How you would like your name to appear                           | and the keller                  |                         |                  |                |                      |
|  | on the ballot                   |                         |                  |                |                      |
| Debbie Sullivan  |                                 |                         |                  | ·              |                      |
| Candidate Residence/Route Address                                |                                 |                         |                  |                |                      |
| Street Address<br>7597 Lakeside Dr. Y                            | )E                              | City Brooks             |                  | State<br>OIZ   | <sup>Zip</sup> 97305 |
| Candidate Mailing Address and Contact In                         | <b>nformation:</b> Only one ph  | one number is required. |                  |                |                      |
| Street Address or PO Box Samlas ak                               | oove                            | City                    |                  | State          | Zip                  |
| Work Phone Home P  | hone                            | Cell Phone 503.510.41   | Fax              |                |                      |
| Email Address<br>Kimchee 27a@iclor                               | ud.com                          | Web Site, if applicable |                  |                |                      |
| Occupation (present employment) If no re<br>Multi-Family Service |                                 |                         |                  | s Awtho        | rity                 |
| Occupational Background (previous empl                           | <b>oyment)</b> If no relevant e | xperience, None or NA m | nust be entered. |                |                      |
| Manager of Volunteer   | Services for                    | r Gentiva t             | tospice          | 5 year         | - <b>s</b>           |
|  |                                 |                         |                  |                |                      |

| Complete name of School (no acronyms)  | Last Grade completed         | Diploma/Degree/Certificate   | Course | of Study               |
|--|------------------------------|------------------------------|--------|------------------------|
| hristian Center Academy  | 9th grade                    |                              |        |                        |
| Salem Academy  | 12th grade                   | high school dip              | loma   | 1990                   |
| ducational Background (other) Attach a separa  | te sheet if necessary.       |                              |        |                        |
| rior Governmental Experience (elected or app   | ointed) If no relevant exper | ience, None or NA must be er | tered. |                        |
| none   |                              |                              |        |                        |
|  |                              |                              |        |                        |
| ampaign Finance Information (not applicable<br>andidate Committee  | to candidates for federal of | fice)                        |        |                        |
| Yes, I have a candidate committee.   |                              |                              |        |                        |
| J No, but will be filing a Statement of Organiza signing this document, I hereby state that:  → I will qualify for said office if elected → all information provided by me on th |                              |                              |        | -                      |
| Warning Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)   |                              |                              |        | nd/or prison fo        |
|  |                              |                              | Mareh  | 15, 2011<br>Date Signe |
|  |                              |                              |        |                        |
|  |                              |                              |        |                        |
|  | ALREAGO                      | a S                          | •      |                        |
|  |                              |                              |        |                        |
|  | GESS, COUNTY CLESK           | BITT CAB                     |        |                        |
|  | AR 15 P2:17                  |                              |        |                        |

For Office Use Only Initials