rev 01/16 ORS 255.235

All information must be completed or	r the form will b	e rejected.		
This filing is an	Original	A	mendment	
Office Information				
Filing for Office of: Director				
District, Position or County: North	Marion	School Pistnet #15 Po	sition 1	
Filing Information				
Filing with the required \$10.00 fee				
Prospective Petition			A	
Candidate Information				
Name of Candidate			·	· · · · · · · · · · · · · · · · · · ·
First	MI	Last	Suffix	Title
Glenn	A	Holum	*********	
How you would like your name to appear	on the ballot			
Glenn Holum	*2000000000000000000000000000000000000			
VICENTI JION W	***************************************		The state of the s	The first state of the state of
Candidate Residence/Route Address				
Street Address	n	City	State	Zip
11712 Broadacres	RA NI		OK	97032
Candidate Mailing Address and Contact In	iformation: Only	y one phone number is required.	Г	T
Street Address or PO Box		City	State	Zip
Work Phone Home P	NE.	Hubb and	OR	97032
Work Phone Home P	none	Cell Phone 503 951-7630	Fax	
Email Address		Web Site, if applicable		
Penglenn e gmail.c	2700	week site, it applicable		
Occupation (present employment) If no re				
Resistered Reprentative	PFS	Investments Low		
Nurseryman				
Occupational Background (previous emplo	<b>oyment)</b> If no re	elevant experience, None or NA must be	e entered.	
Self 25 yrs t				
.*				

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
North Marion School	12	Piploma	D / 1 11
Cleckama Community College	2 + yrs		Diname Red Hort
ducational Background (other) Attach a separate	e sheet if necessary.		
Prior Governmental Experience (elected or appo			red.
Former Member Menson (	lubbard Planning	on Commission	
Campaign Finance Information (not applicable to	o candidates for federal o	ffice)	
Candidate Committee			
Yes, I have a candidate committee.  No, I do not expect to spend more than \$750 records of all campaign transactions and if tota follow the requirements detailed in the Campa No, but will be filing a Statement of Organizat	al contributions or total ex aign Finance Manual.	spenditures exceed \$750 during a	
signing this document, I hereby state that:			-
<ul> <li>→ I will qualify for said office if elected</li> <li>→ all information provided by me on this</li> </ul>	s form is true to the best o	of my knowledge	
Warning Supplying false information on this form up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			.25,000 and/or prison for
			3/10/17
			Date Signed
	Lina		
	<u> </u>		
	SS. COUNTY OLF?	BULL BURGE	
	R: E9 01 A	AM TI	

MARIUM COUNTY, OREGUE

For Office Use Only Initials