rev 01/16 ORS 255.235

i All information must be com	pleted or the form will be rejec	ted.			
This filing is an	🔀 Original	Amer	ndment		
Office Information					
Filing for Office of: District, Position or County:	tor Position #	= 4	\ 		
District, Position or County:	remais School Dis-	trict			
Filing Information					
Filing with the required \$10.0	0 fee				
Prospective Petition					
Candidate Information					
Name of Candidate					
First	MI D Last	Jones	Suffix	Title	
Jennifer		Jones			
How you would like your name t	o appear on the ballot				
Jenny Jones					
Candidate Residence/Route Add	ress				
Street Address	4	Salem Salem	State	Zip	
9195 Portland Rd N			6R	97305	
Candidate Mailing Address and	Contact Information: Only one p	phone number is required.		<u> </u>	
Street Address or PO Box	1- #0	City	State	Zip	
9195 Portland Rd	NE # 3	Salem	OR	97305	
Work Phone	Home Phone	Cell Phone 503 - 999 - 8156	Fax		
503-370-8778					
Email Address ginnybelle 85@ Not	mail. Com	Web Site, if applicable			
ying seice so Cross					
Occupation (present employment	it) If no relevant experience, No	ne or NA must be entered.		^	
Treatmend Coordinate	r / Administrative &	Assistant at Lakeur	iem Denta	V	
Occupational Background (previous employment) If no relevant experience, None or NA must be entered.					
NA					
1					

Educational Background (schools attended) If no	o relevant experience, Non	e or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Dallas High School	12 #	diploma	
Northwest University	1.5 yrs		
Educational Background (other) Attach a separat	te sheet if necessary.		
Prior Governmental Experience (elected or app	ointed) If no relevant expe	ience, None or NA must be ente	red.
NA			
Campaign Finance Information (not applicable t	to 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 to follow the requirements detailed in the Camp No, but will be filing a Statement of Organiza	tal contributions or total ex paign Finance Manual.	penditures exceed \$750 during a	derstand I must still keep I calendar year, I must
By signing this document, I hereby state that:			
 → I will qualify for said office if elected → all information provided by me on th 	is form is true to the best c	f my knowledge	
Warning Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			.25,000 and/or prison for
			3 · 14 · 17 Date Signed
	YT	1d 30	
	ääi	BILL EURGESS, COUNTY CL	
	<u>(</u>	ittd braam Tr	
	- nga	FILED SEEG	

For Office Use Only Initials _____