Candidate Filing District

SEL 190

rev 01/16

						UKS 255.
(i) All information must be o	completed or the form	ı will be reje	cted.			
his filing is an Original		Amendment				
Office Information						
Filing for Office of:						
District, Position or County: C	herriots Board	of Direc	tors Subdistrict #4			
Filing Information			(TOP) coe	uni matter	ere Chine	maria hama
Filing with the required \$1	0.00 fee					
Prospective Petition						
Candidate Information						
Name of Candidate		for the	Live to verse prevent suppl	lana femilian		and miles
First Patrick	мі D	Last	nwab		Suffix	Title
How you would like your nam	ne to appear on the ba	allot				
Patrick Schwab						
Candidate Residence/Route A	Address					
Street Address 4352 Trapper Dr N	E	4	City Salem		State OR	Zip 97305
Candidate Mailing Address ar	nd Contact Information	n: Only one _l	phone number is required.	MT EV VOIGHER OF		
Street Address or PO Box 4352 Trapper Dr 1	٧E		^{City} Salem		State OR	Zip 97305
Work Phone	Home Phone	5° 45 x	Cell Phone 805-550-6333	Fax	x	
Email Address pschwab51@gmail.co	om		Web Site, if applicable	energy programme, energy to the state of the		
		marianaa Na	and or NA must be entered			
Occupation (present employn						
Orientation and Mobility	Specialist for Vis	sually Imp	paired individuals.			
Occupational Background (pro	evious employment) l	f no relevant	t experience, None or NA mus	t be entered.		
As an Orientation and Mobili impaired individuals. I started Commission for the Blind as	d working with blind in	ndividuals ir				
I also was the Director of Info Community College, was Ch at Cuesta College in San Lui	ief Operating Officer	at the Urba				

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study	
Portland State University	·	BS	Social Science/Secondary E	
California State University at Los Angeles		MA	Ed of Visually Impaired/O&N	
Oregon State University		Ed.D.	Educational Leadership	
Educational Background (other) Attach a separa	 ate sheet if necessary.			
Prior Governmental Experience (elected or app	oointed) If no relevant expe	rience, None or NA must be ente	ered.	
Elected Precinct Committee Person			· ·	
Elected Precinct Committee Person				
Elected Precinct Committee Person				
	(PCP)			
	(PCP)		alet De 20 a ecol	
Elected Precinct Committee Person (Campaign Finance Information (not applicable Candidate Committee	(PCP)		eletions 22a pende	
Campaign Finance Information (not applicable	(PCP)		esciones se popole	

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

No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).



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)

02/27/2017

Canadate's Signature

Date Signed

MARION COUNTY OKEGOT

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For Office Use Only Initials

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