

Candidate Filing
District

SEL 190
rev 01/14
ORS 255.235

i All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First DOMINIC	MI -	Last Federico	Suffix	Title
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How you would like your name to appear on the ballot

First Dominic	MI	Last Federico	Suffix
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Candidate Residence/Route Address

Street Address 5550 Sandra Lane	City Turner	State OR	Zip 97392
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Candidate Mailing Address

Street Address or PO Box 5550 Sandra Lane	City Turner	State OR	Zip 97392
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Contact Information: Only one phone number is required.

Work Phone 503-588-3511	Home Phone 503 510 6233	Cell Phone (same)	Fax
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Email Address dominiefederico@yahoo.com	Web Site, if applicable
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Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of:

District, Position or County: Cascade School District Position 1

Occupation (present employment) If no relevant experience, None or NA must be entered.

Mortgage Broker

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Mortgage Broker

DV

ocur apt

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Oregon State University	B.S. Business Undergrad complete	B.S. Business	Business/Communic

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

Current school board member for last 8 years on Cascade School Board

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

Yes, I have a candidate committee.

No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.

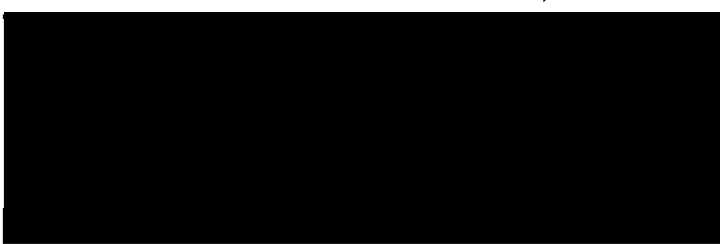
No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

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



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)



3/18/15
 Date Signed

DENY
 BILL BURGESS, COUNTY CLERK
 15 MAR 18 AM 11:09

For Office Use Only Initials AB

Approval Code/Receipt Number 203484

**Candidate Filing
District**

SEL 190

rev 01/14
ORS 255.235

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Heather	L	Pate		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Heather	L	Pate	

Candidate Residence/Route Address

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 required.

Work Phone	Home Phone	Cell Phone	Fax
		5039993678	

Email Address	Web Site, if applicable
Heatehrlynn.pate@gmail.com	

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of: Director *Position 2*
District, Position or County: Cascade School District

Occupation (present employment) If no relevant experience, None or NA must be entered.

State of Oregon - Managment

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

NA

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SEL 190

DN *OCUK* *2011*

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
NA			

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

Elected Cascade School Board - 2007, 2011

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

- Yes, I have a candidate committee.
- No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
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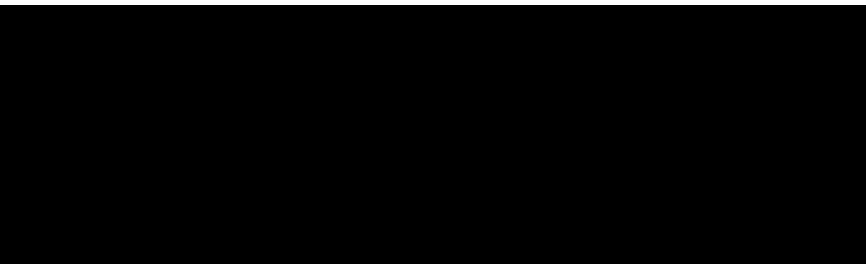
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3/16/15
Date Signed

DEPUTY

BILL BURGESS, COUNTY CLERK

15 MAR 16 P4:17

For Office Use Only

Initials

AD

CC Approval Code/Receipt Number

203456