

**Candidate Filing
District**

SEL 190

rev 01/16
ORS 255.235

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

This filing is an Original Amendment

Office Information

Filing for Office of: **Director: Board of Directors**

District, Position or County: **Keizer Fire District, Position #1**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Shannon	L	Norstrom		

How you would like your name to appear on the ballot

Shannon Riddell-Norstrom

Candidate Residence/Route Address

Street Address	City	State	Zip
558 Dennis Lane N	Keizer	OR	97303

Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box	City	State	Zip
558 Dennis Lane N	Keizer	OR	97303

Work Phone	Home Phone	Cell Phone	Fax
N/A	N/A	503-442-4098	

Email Address	Web Site, if applicable
shannonnorstrom@msn.com	

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

RETIRED PHARMACIST

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

Pharmacist, K-Mart
 Pharmacist, Rite-Aid
 Clinical Pharmacist, Grande Ronde Hospital
 Socialworker, Child Welfare, Dept of Human Services, State of Oregon

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		Bachelor of Science	Housing Studies
Oregon State University		Bachelor of Science	Liberal Arts
Pacific University		Doctor of Pharmacy	Pharmacy

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.

N/A

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)



3/6/17

Date Signed

DEPUTY

BILL BURGESS, COUNTY CLERK

17 MAR -7 12:56

FILED
MARION COUNTY OREGON

For Office Use Only Initials AO

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