

**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	MI	Last	Suffix	Title
JANIS	T	BRAICH		

How you would like your name to appear on the ballot				
First	MI	Last	Suffix	
JANIS		BRAICH		

Candidate Residence/Route Address				
Street Address	City	State	Zip	
124 SE ANNE ST	McMinnville	OR	97128	

Candidate Mailing Address				
Street Address or PO Box	City	State	Zip	
same				

Contact Information: Only one phone number is required.				
Work Phone	Home Phone	Cell Phone	Fax	
	503 434 5789	971 241 3158		
Email Address		Web Site, if applicable		

Filing Information
<input checked="" type="checkbox"/> Filing with the required \$10.00 fee
<input type="checkbox"/> Prospective Petition

Office Information
Filing for Office of: McMinnville School Bd Position #7
District, Position or County:

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

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.
RN 1973-2013 WVMC - RN CASEMANAGER CHC HOME Health 1991-2000 NORTH LINCOLN Hosp

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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
U of O	16	BS	Nursing-Science
OSU	14	Pre nursing	
Holy Child Academy	12	HS Honors	

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.

McMinnville School Dist Board of Directors 1999 - Present
McMinnville School Dist Budget Committee 1999 - Present
City of McMinnville Mayor's Charity Ball Advisory Board 2004 - 2010
KOB Board Operations 2009 - 2010

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)

Candidate's Signature

2/17/2015
Date Signed

For Office Use Only

Initials

[Handwritten signature]

CC Approval Code/Receipt Number