

District Candidate Filing

SEL 190

rev 1/12; ORS 255.235

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Candidate Information			
Candidate Legal Name* Judy L. Breeden		Candidate Name (As it should appear on ballot)* Judy Breeden	
Filing for Office of* Director		District and/or position (if applicable)* Sheridan School District / Position 4	
Residence Address, Street/Route* 20405 Rosenbalm Rd.			
City* Sheridan	State* OR	Zip* 97378	County of Residence* Polk
Home Phone 503-843-2981	Work Phone 503-843-2467	Cell Phone 503-435-7471	Fax
Email Address* judybmomof3@yahoo.com		Date of Election* May 19, 2015	
Mailing Address (where all correspondence will be sent) Street/Route* PO Box 155			
City* Sheridan	State* OR	Zip* 97378	
* Indicates a required field. At least one phone number is also required.			
Filing Information			
<input checked="" type="radio"/> Filing with the required \$10.00 fee.			
<input type="radio"/> Filing by petition with the required signature sheets.			
Required Information (if no relevant information, list "none")			
Occupation present employment – paid or unpaid (required) Administrative Assistant			
Occupational Background previous employment – paid or unpaid (required) accounting for 32 years			
Educational Background schools attended, use attachment if needed (required)			
Complete Name of School (no acronyms)	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Sheridan High School	12		
Other:			

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Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)

Sheridan School board for 8 years

By signing this document, I hereby certify that:

→ I will qualify for said office if elected

→ All information provided by me on this form, including my occupation, educational and occupational background, **and** prior governmental experience, is true to the best of my knowledge

Check the applicable box (not applicable to candidates for federal office - US Senate and US Representative):

- By marking this box, I certify I do not have an existing candidate committee and 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 2012 Campaign Finance Manual.
- By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the 2012 Campaign Finance Manual.

Warning

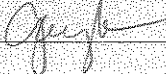
Supplying false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715). No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013 and ORS 249.170).


Candidate's Signature

3/16/15
Date Signed

For Office Use Only

Initials



Cash, Check Number, or credit card approval #

Receipt #