

**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
Scott		Gibson		MD

How you would like your name to appear on the ballot				
First	MI	Last	Suffix	
Scott		Gibson		

Candidate Residence/Route Address				
Street Address		City	State	Zip
655 NW Brookview Ct		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
503-472-0888		971-237-5735	503-434-7246
Email Address		Web Site, if applicable	
jsgibsonmd@hotmail.com			

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

Office Information
Filing for Office of: Position for McMinnville School Board
District, Position or County: McMinnville School Board member

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

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

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
Walla Walla College	20	BS	Biology
Loma Linda Univ	Medical school	MD	Medicine
Providence Medical Center	Residency	Internal medicine	

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 District Budget Committee
McMinnville 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)

Candidate's Signature

[Redacted Signature]

Date Signed

3/16/15

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____