

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 Scott	MI E	Last Schieber	Suffix	Title MD
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How you would like your name to appear on the ballot

First Scott	MI	Last Schieber	Suffix
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Candidate Residence/Route Address

Street Address 2370 NW Horizon Dr.	City McMinnville	State OR	Zip 97128
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Candidate Mailing Address

Street Address or PO Box 2370 NW Horizon Dr.	City McMinnville	State OR	Zip 97128
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Contact Information: Only one phone number is required.

Work Phone 503-972-4197	Home Phone 503-435-4807	Cell Phone 503-857-6269	Fax 503-974-2886
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Email Address dr.schieber@gmail.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: SCHOOL BOARD
District, Position or County: MC MINNVILLE SCHOOL DISTRICT, Position 5

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

~~School Board Member, Physician, Small Business Owner~~

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

School Board Member, Small Business Owner

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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
Toledo Hospital Family Practice	Board Certification		
Residency Residency	Family Practice		
University of Toledo Medical School		MD	Medicine
St. Olaf College	BA		Biology

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
Budget Committee, McMinnaville 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)

2 March, 2015

Candidate's Signature

Date Signed

For Office Use Only

Initials

CC Approval Code/Receipt Number _____