

Candidate Filing
District

SEL 190

rev 01/14
ORS 255.235

1 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
Patrick	L	McArthur		Dr.

How you would like your name to appear on the ballot			
First	MI	Last	Suffix
Patrick		McArthur	

Candidate Residence/Route Address			
Street Address	City	State	Zip
21081 Main Street NE	Aurora	OR	97002

Candidate Mailing Address			
Street Address or PO Box	City	State	Zip
21081 Main Street NE	Aurora	OR	97002

Contact Information: Only one phone number is required.			
Work Phone	Home Phone	Cell Phone	Fax
503-679-9019			

Email Address	Web Site, if applicable
McArthurPatrick22@gmail.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: North Marion School Board, Position 2
District, Position or County: North Marion , position 2

Occupation (present employment) if no relevant experience, None or NA must be entered.
Education - School Principal for students at-risk since 1998, beginning at MacLaren School for Boys, Woodburn. Currently principal at the Wynne Watts School (162nd& Glisan) with the Multnomah Education Service District, for the last 8 years.

Occupational Background (previous employment) if no relevant experience, None or NA must be entered.
Special Education Teacher, Fort Worth, Texas, Self-employed Behavior consultant, Fort Worth Texas, Graduate and Undergraduate Professor, University of North Texas

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SEL 190

DV

Handwritten signature/initials

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
Texas Tech University		Bachelor's	History/English
University of North Texas		M.Ed	Special Education
University of North Texas		Ph.D.	Admin/Sp. ED

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.

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:

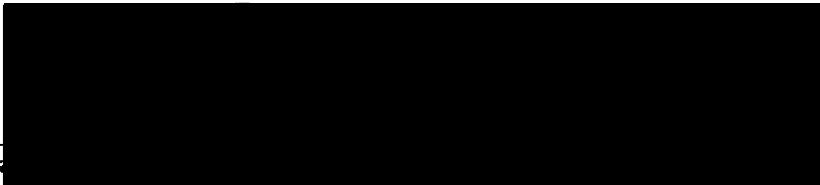
- I will qualify for said office if elected
- all information provided by me on this form is true to the best of my knowledge



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



March 16 2015

Date Signed

15 MAR 18 A9:03
MARIAN COUNTY CLERK
BILL JORREDO, COUNTY CLERK
DEPUTY

CHIC 1820

203476

For Office Use Only

Initials

gcp

CC Approval Code/Receipt Number

**Candidate Filing
District**

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
Julie	M	Miller		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Julie	M	Miller	

Candidate Residence/Route Address

Street Address	City	State	Zip
13037 MapleLeaf Ct. NE	Aurora	OR	97002

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
13037 MapleLeaf Ct. NE	Aurora	OR	97002

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	503-678-2726	503-830-7974	
Email Address jmille460@aol.com		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: *Director #7*

District, Position or County: *North Marion School District*

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

R.N. Dermatology NW

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

OHSU, Dermatology Associates, Wellspring Medical Center

OK

OCW

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 Health Science University		BSN	Nursing

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.

North Marion School Board 14years

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

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3-16-2015

Ca

Date Signed

BILL JORGENSEN, COUNTY CLERK
 15 MAR 17 P 3:50
 DEPT. OF CLERK & COUNTY OFFICERS

For Office Use Only

Initials

[Handwritten initials]

CC Approval Code/Receipt Number

203473