

**Candidate Filing
District**

i All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Office Information

Filing for Office of: **North Marion School District - 15**

District, Position or County: **Director Position 7**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Crystal	R	Rostocil		

How you would like your name to appear on the ballot

Crystal Rostocil

Candidate Residence/Route Address

Street Address	City	State	Zip
3427 4th St	Hubbard	OR	97032

Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box	City	State	Zip
3427 4th St	Hubbard	OR	97032

Work Phone	Home Phone	Cell Phone	Fax
503-951-3449		503-951-3449	

Email Address	Web Site, if applicable
crostocil@msn.com	

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

Trauma Clinical Registrar

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

Operations Specialist / Patient Placement Specialist
Staffing Specialist
Nursing Assistant

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
North Marion High School	12	Diploma	General
Chemeketa Community College			Healthcare Administration
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.

School Board Member

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

_____ 3/13/2019
 Date Signed



CRYSTAL ROSE ROSTOCIL
 3427 4TH ST
 HUBBARD OR 97032

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