**Candidate Filing** 

FEB 27 2025

**SEL 190** 

rev 02/25 ORS 255.235

## District

| This form must be filed with county ele  | ctions official. All information must be cor   | npleted or the forn | n will be rejecte  | ed.              |  |  |
|--|--|---------------------|--|------------------|--|--|
| 2025 District Election Filing Dates  |  |                     |  |                  |  |  |
| Candidate Filing February 8, 2025 to March   | 20, 2025 Withdrawal Date 1   | March 20, 2025      |  |                  |  |  |
| This filing is an  | Original   | Amendmen            | t  |                  |  |  |
| Office Information   |  |                     |  |                  |  |  |
| Filing for Office of: School Board   | d Member   |                     | <u> </u>   | U =              |  |  |
| District, Position or County: St. Paul   | School District #45, P   | osition 4           |  |                  |  |  |
| Filing Information   |  |                     |  |                  |  |  |
| Filing with the required \$10.00 fee   |  |                     |  |                  |  |  |
| Prospective Petition   |  |                     |  |                  |  |  |
| Candidate Information  |  |                     |  |                  |  |  |
| Name of Candidate  |  |                     |  |                  |  |  |
| First  | MI   | Last                |  |                  |  |  |
| Nora   | J  | Cain                |  |                  |  |  |
| How you would like your name to appear o   | n the ballot   |                     |  |                  |  |  |
| Nora Cain  |  |                     |  |                  |  |  |
| Candidate Residence/Route Address  |  |                     |  |                  |  |  |
| Street Address   | City   |                     | State  | Zip              |  |  |
| 2298 Horseshoe La  | ke Rd NE St. Paul  |                     | OR   | 97137            |  |  |
| Candidate Mailing Address and Contact Info   |  | en exempt from dis  | sclosure.  | E. Ly v. r. voes |  |  |
| Street Address or PO Box   | City   |                     | State  | Zip              |  |  |
| 2298 Horseshoe La  | ke Rd NE St. Paul  |                     | OR   | 97137            |  |  |
| Work Phone   | Home Phone   | Cell Phone          | A SUBSTITUTE OF THE SUBSTITUTE |                  |  |  |
| 8  |  | 503-5               | 16-106   | 60               |  |  |
| Email Address  | Web Site, if applica   | ible                |  |                  |  |  |
| nora.cain@stpaul.  | k12.or.us  |                     |  |                  |  |  |
| Race and Ethnicity Optional  | New Association and the Committee of the |                     |  | andser velderen  |  |  |
| Nace and Edinicity Optional  |  |                     |  |                  |  |  |
|  |  |                     |  |                  |  |  |
| Occupation (present employment) If no rele   | evant experience, None or NA must be ente  | red.                |  |                  |  |  |
| NA NONE no   |  |                     |  |                  |  |  |
| Occupational Background (previous employment) If no relevant experience, None or NA must be entered. |  |                     |  |                  |  |  |
| NA NONE  |  |                     |  |                  |  |  |
| ne   |  |                     |  |                  |  |  |

| Complete name of School   | Last Grade completed  | Diploma/Degree/Certificate  | Course of Study  |
|---|---|---|--|
| University of Portland  |   | Bachelor of Science   | Nursing  |
|   |   |   |  |
| Educational Background (other) Attach a se  | parate sheet if necessary.  |   |  |
|   |   |   |  |
| Prior Governmental Experience (elected or   | appointed) If no relevant expe  | rience, None or NA must be ente   | red.   |
| St. Paul School Board Member (2   | 017 - Present)  |   |  |
| 4   |   |   |  |
|   |   |   |  |
| Campaign Finance Information  |   |   |  |
| A candidate must file a Statement of Organization later than the deadline for filing a nominating permeet the criteria for an exemption. To meet the and not expect to spend or receive more than \$3 | tition, declaration of candidacy, or criteria, the candidate must serve a   | certificate of nomination, whichever<br>as their own treasurer, not have an e | occurs first, unless they xisting candidate committee, |
| If you have an existing candidate committee you includes changes to the election you are active in  |   |   | a change in information. Thi                           |
| See the Campaign Finance Manual for the proce   | dural and legal requirements of est   | ablishing and maintaining a candidat  | e committee.   |
| Residence Address Exemption   |   |   |  |
| To exempt your residence address from public d<br>a Residence Address Exemption MUST include a  | 4 (C. 1) |   |  |
| I don't want my residence address to be   | disclosed. I will be filing a separ   | rate <u>SEL 180 – Residence Address Ex</u>                                    | emption Request.                                       |
| Candidate Attestation   |   |   |  |
| 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   | e   |  |
| Warning   |   |   |  |

## Signature Redacted

**Date Signed** 



17713265 580

NORA JANE CAIN 2298 HORSESHOE LAKE RD NE ST. PAUL OR 97137-9539