

**Candidate Filing  
District**

RECEIVED

MAR 13 2019

SEL 190

rev 03/19  
ORS 255.235

JOSEPHINE  
COUNTY

**i** This form must be filed with county elections official. All information must be completed or the form will be rejected.

This filing is an  Original  Amendment

**Office Information**

Filing for Office of: **Board Member, Pos. 4**

District, Position or County: **Josephine Community Library District - Pos. 4**

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

**Name of Candidate**

| First      | MI | Last   | Suffix | Title |
|------------|----|--------|--------|-------|
| Gina Marie |    | Agosta |        |       |

**How you would like your name to appear on the ballot**

Gina Marie Agosta

**Candidate Residence/Route Address**

| Street Address     | City        | State | Zip   |
|--------------------|-------------|-------|-------|
| 1015 NE Fall Drive | Grants Pass | OR    | 97526 |

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

| Street Address or PO Box | City        | State | Zip   |
|--------------------------|-------------|-------|-------|
| 1015 NE Fall Drive       | Grants Pass | OR    | 97526 |

| Work Phone | Home Phone | Cell Phone   | Fax |
|------------|------------|--------------|-----|
|            |            | 971-645-6742 |     |

| Email Address       | Web Site, if applicable |
|---------------------|-------------------------|
| ginamarie@agosta.us |                         |

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

Patient Experience Coordinator, Asante Three Rivers Medical Center

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

Executive Director, Coalition for Kids - 2007 - 2017  
Program Specialist, Coalition for Kids - 2005 - 2007  
Business Manager, Southwest Oregon Resource Conservation & Development Council - 2005-2006

**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              |
|---------------------------------------|----------------------|----------------------------|------------------------------|
| University of Portland                |                      | B.S.                       | Organizational Communication |
| University of Portland                |                      | B.A.                       | English                      |
|                                       |                      |                            |                              |

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.**

N/A

**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

3/12/2019

Date Signed

For Office Use Only Initials \_\_\_\_\_