

**Candidate Filing
District**

RECEIVED

SEL 190

FEB 26 2019

rev 01/16
ORS 255.235

JOSEPHINE
COUNTY CLERK

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

This filing is an

Original

Amendment

Office Information

Filing for Office of: Director Position #1

District, Position or County: Grants Pass School District 7

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First <u>Richard</u>	Mi <u>S</u>	Last <u>Nelson</u>	Suffix	Title <u>Dr.</u>
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How you would like your name to appear on the ballot

R. Scott Nelson

Candidate Residence/Route Address

Street Address <u>150 Sierra Lodge Drive</u>	City <u>Grants Pass</u>	State <u>OR</u>	Zip <u>97527</u>
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Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box <u>150 Sierra Lodge Drive</u>	City <u>Grants Pass</u>	State <u>OR</u>	Zip <u>97527</u>
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Work Phone	Home Phone	Cell Phone <u>541-441-0437</u>	Fax
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Email Address <u>outhousedoc@gmail.com</u>	Web Site, if applicable
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Occupation (present employment) If no relevant experience, None or NA must be entered.

Surgeon

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

N/A

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
Creighton University	Fellow	Fellowship	Colon and Rectal Surgery
Marshfield Clinic	General Surgery	Board Certified Surgeon	General Surgery
University of Health Sciences Kansas City	D.O.	Doctor of medicine	Doctor of medicine
Brigham Young University	B.S.	Bachelor of Science	Exercise Science

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.

None

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

2/22/19
Date Signed

For Office Use Only Initials _____

E-E Filing Fee 10 10.00
 # of Voter Pamphlet Photos: 10.00
 2019-000600 02/26/2019 1:07:36 PM

 Total \$10.00
 CASH 20.00
 CHANGE -10.00
 Total Received 10.00
 Amount Due 0.00
 Thank You
 Retain this receipt for your records

JOSEPHINE COUNTY RECORDING
 500 NW 6TH STREET
 GRANT'S PASS, OR 97526
 209986 2 RHEINKELS
 02/26/2019 1:09:35 PM
 RICHARD NELSON
 GPSD #7 POSITION #1