

**Candidate Filing
District**

SEL 190
rev 01/16
ORS 255.235

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**

District, Position or County: **Zone 7 CENTRAL OREGON COMMUNITY COLLEGE** ✓

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

| First | MI | Last | Suffix | Title |
|---------------|----------|--------------|--------|-------|
| OLIVER | W | TATOM | | |

How you would like your name to appear on the ballot

OLIVER TATOM

Candidate Residence/Route Address

| Street Address | City | State | Zip |
|----------------|-------------|-----------|--------------|
| [REDACTED] | BEND | OR | 97702 |

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

| Street Address or PO Box | City | State | Zip |
|--------------------------|-------------|-----------|--------------|
| PO BOX 7921 | BEND | OR | 97708 |

| Work Phone | Home Phone | Cell Phone | Fax |
|------------|-----------------------|-----------------------|-----|
| | (541) 388-3537 | (310) 562-6637 | |

| Email Address | Web Site, if applicable |
|-------------------------------|----------------------------|
| oliver@olivertatom.com | www.olivertatom.com |

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

Paramedic

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

**Member, Board of Directors, Central Oregon Disability Support Network
Instructor, Cascade Training (BLS, ACLS, PALS)
Volunteer, Big Brothers Big Sisters of Central Oregon**



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 Southern California | | BA | American Studies |
| Central Oregon Community College | | ADN (Expected June 2019) | Nursing |
| Yale-New Haven Sponsor Hospital Program | | Certificate | Paramedic |
| Bend Senior High School | | Diploma | |

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.

President, COCC Nursing Class of 2019
President, Sponsor Hospital Paramedic Class of 2011
Deschutes County Dog Board of Supervisors

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).

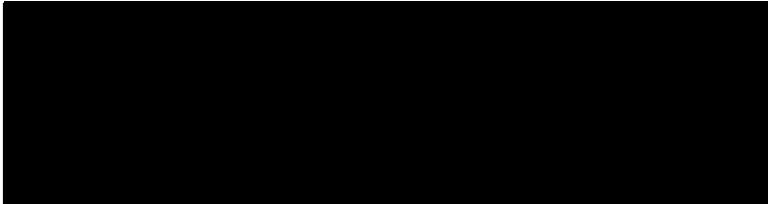
By signing this document, I hereby state that:

- 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)



February 11, 2019

Date Signed

19FEB11 8:00AM CLERK

For Office Use Only Initials WJG

Voter ID # 16825987

Rec'd ck # 166 - \$10.00

Receipt # 448642