

**Candidate Filing  
District**

**SEL 190**

rev 08/22  
ORS 255.235

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

**2023 District Election Filing Dates**

**Candidate Filing** February 4, 2023 to March 16, 2023

**Withdrawal Date** March 16, 2023

This filing is an

**Original**

**Amendment**

**Office Information**

Filing for Office of: **Board of Directors, Zone 5**

District, Position or County: **Administrative School District #1**

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

**Name of Candidate**

| First   | MI | Last  | Suffix |
|---------|----|-------|--------|
| Sherrie | L  | Grief |        |

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

Sherrie Grief

**Candidate Residence/Route Address**

| Street Address | City | State | Zip   |
|----------------|------|-------|-------|
| Redacted       | Bend | Or    | 97702 |

**Candidate Mailing Address and Contact Information**

| Street Address or PO Box | City | State | Zip   |
|--------------------------|------|-------|-------|
| Redacted                 | Bend | Or    | 97702 |

| Work Phone | Home Phone     | Cell Phone | Fax |
|------------|----------------|------------|-----|
|            | (541) 317-2956 |            |     |

| Email Address      | Web Site, if applicable |
|--------------------|-------------------------|
| goodgrief1@msn.com |                         |

**Race and Ethnicity *Optional***

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

Retired from Children's Behavioral Health field

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

Traditional Health Worker Liaison, Youth & Family Peer Support Supervisor, Certified Traditional Health Worker, Social Service Provider/Therapeutic Foster Care, Foster Parent, Mother, Enrolled Agent & Bookkeeper  
Darkness 2 Light/Stewards of Children - Facilitator  
Handle With Care - Certified Instructor

23 MAR 15 PM 3:05  
DESCHUTES CO ELECTIONS

**Educational Background (schools attended)** If no relevant experience, None or NA must be entered.

| Complete name of School           | Last Grade completed | Diploma/Degree/Certificate | Course of Study |
|-----------------------------------|----------------------|----------------------------|-----------------|
| Rancho Santiago Community College |                      | High School - 1984         | General         |
|                                   |                      |                            |                 |
|                                   |                      |                            |                 |

Educational Background (other) Attach a separate sheet if necessary.  
 MHACBO-QMHA; OHA - Certified Traditional Health Worker (Family and Youth Peer Support)

**Prior Governmental Experience (elected or appointed)** If no relevant experience, None or NA must be entered.  
 Children's System Advisory Committee- appointed, OHA; Suicide Steering Committee- appointed, OHA; Traditional Health Worker Commission- appointed, OHA; Wraparound & System of Care - appointed, County level; Diversity, Equity, & Inclusion Committee- appointed, Eastern Oregon Coordinated Care Organization

**Campaign Finance Information (not applicable to candidates for federal office)**

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).

If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.

See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

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)

**Redacted**

3/15/2023

Date Signed

23 MAR 15 PM 3:05  
 DESCHUTES CO ELECTIONS

Voter ID # 16861876  
 paid \$10.00 Cash  
 Receipt # 618045