

**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
22567 CALGARY DR	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)

  
Candidate's Signature

February 11, 2019

Date Signed

19FEB11 8:00AM CLERK

For Office Use Only Initials WJL

Voter ID # 16825987

Rec'd ck # 166 - \$10.00

Receipt # 448642