

# COPY

## Candidate Filing District

**SEL 190**rev 08/22  
ORS 255.235

 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:

District, Position or County: Board of Education, Linn-Benton Community College, Zone 2-3 **A****Filing Information** Filing with the required \$10.00 fee Prospective Petition**Candidate Information****Name of Candidate**

First LaVerne	MI Alden	Last Saboe	Suffix Jr
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How would you like your name to appear on the ballot

 Vern Saboe, Jr**Candidate Residence/Route Address**

Street Address 1832 NW Cascade Heights Drive	City Albany	State OR	Zip 97321
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**Candidate Mailing Address and Contact Information**

Street Address or PO Box 1832 NW Cascade Heights Drive	City Albany	State OR	Zip 97321
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Work Phone 541-926-3162	Home Phone 541-231-4528	Cell Phone 541-231-4528	Fax 541-928-2742
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Email Address vern@drvernsaboe.com	Web Site, if applicable
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**FILED**

MAR 16 2023

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

Chiropractic physician

**STEVE DRUCKENMILLER, Clerk**  
By  Deputy  
3:05 pm

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

NA

11 18291500  
SABOE, LA VERNE ALDEN JR  
1832 CASCADE HEIGHTS DR NW  
ALBANY OR 97321

Y9002

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
West Albany High School	12	Diploma	High School
Mt. Hood Community College	1 year	NA	Pre-Med
Linn-Benton Community College	2 years	NA	Pre-Med
Western States Chiropractic College	4 years	Doctor of Chiropractic, Diploma	Graduate School
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.**

Oregon Board of Chiropractic Examiners, Peer Review Committee  
 Oregon Board of Chiropractic Examiners, Select Examination Committee  
 Oregon Board of Chiropractic Examiners, Oregon Chiropractic Practice and Utilization Guidelines C  
 State of Oregon, Health Evidence Review Commission

**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)

Candidate's Signature

0/15/2023

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Date Signed