District 1 This form must be filed with county elections official. All information must be completed or the form will be rejected. 2025 District Election Filing Dates Candidate Filing February 8, 2025 to March 20, 2025 Withdrawal Date March 20, 2025 This filing is an Original Amendment Office Information Filing for Office of: School Board Member District, Position or County: Parkrose School District, Position 5 Filing Information Filing with the required \$10.00 fee **Prospective Petition Candidate Information** Name of Candidate First MI Last Mariah Galaviz How you would like your name to appear on the ballot Mariah Galaviz Candidate Residence/Route Address Street Address State Zip 3236 NE 142nd Ave Portland OR 97230 Candidate Mailing Address and Contact Information Street Address or PO Box City State Zip 3236 NE 142nd Ave Portland 97230 OR **Work Phone Home Phone** Cell Phone 360-921-1136 888-576-7526 360-921-1136 **Email Address** Web Site, If applicable mj.galaviz@gmail.com Race and Ethnicity Optional Multiracial, White and Latina Occupation (present employment) If no relevant experience, None or NA must be entered. Director of Health Centers and Telemedicine at Planned Parenthood Columbia Willamette Occupational Background (previous employment) If no relevant experience, None or NA must be entered. Health Center Manager, Medical Interpreter and EHR (Electronic Health Record) Trainer and Planned Parenthood Columbia Willamette.

Educational Background (schools attended) Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
University of Washington	BA	Bachelor of Arts	Latin American Studies
Prairie High School	12	High School Diploma	General Education
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Educational Background (other) Attach a sep	arate sheet if necessary.		
97.			
Prior Governmental Experience (elected or	appointed) If no relevant expe	rience, None or NA must be ente	red.
Currently a Parkrose School Board	d Member (since Septer	nber 2024), position #5. F	reviously worked in
the Congressional Office of Jay In	slee as a Staff Assistant	, Legislative Corresponde	ent and Aide.
Campaign Finance Information			
A candidate must file a Statement of Organizatio	e est biocilian three business day	s of first receiving a contribution of IT	aking an expenditure and no
later than the deadline for filing a nominating no	tition, declaration of candidacy, or	certificate of nomination, whichever	DCCR12 High muega cuel
meet the criteria for an exemption. To meet the	criteria, the candidate must serve a	s their own treasurer, not have an ex	Still & Caudidate committees
and not expect to spend or receive more than \$7	50 during the entire calendar year	finctions and interthen 10 days after	a change in information. This
If you have an existing candidate committee you includes changes to the election you are active in	must amend the statement of orga and the office you are running for	Wissitot bot later men to gals siver	a citarige at the
See the Campaign Finance Manual for the proceed	fural and legal requirements of est	ablishing and maintaining a candidate	committee.
Residence Address Exemption			
To exempt your residence address from public di	eclasura complete form SEL 180 -	Residence Address Exemption Reque	st. The request for
a Residence Address Exemption MUST include a	publicly disclosable mailing address	s. See the Candidates Manual for furt	her information.
I don't want my residence address to be	disclosed. I will be filing a separ	ate SEL 180 – Residence Address Exe	emption Request.
Candidate Attestation			
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		
		Creation to a realized form and in the State for a contract of the State State State State State State State S	
Warning Supplying false information on this form	g ji ganabana afa salaa	with a fine of up to \$125 000 and/or	r nrison for up to 5 years

filings are invalid. (ORS 249.013 and ORS 249.170)

