

Filing of Candidacy for Special District Nomination

SEL 190
rev 02/11: ORS 255.235

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Candidate Information

Candidate Name Pamela S Shields		Filing for Office of Zone 4 Director, 4 year term ending 6/30/15	
How Name Should Appear on Ballot Pam Shields		District, Position or Zone Number if applicable Zone 4 , Centennial School District	
Residence Address, Street/Route 8037 SE 162nd Ave.			
City Portland	State OR	Zip Code 97236	County of Residence Multnomah
Home Phone 503-761-9651	Work Phone 503-492-6422	Cellular Phone	
Fax NA	Email Address shieldsps@hotmai.com	Date of Election May 17, 2011	
Mailing Address where all correspondence will be sent, Street/Route 8037 SE 162nd Ave.			
City Portland	State OR	Zip Code 97236	

Filing Information

- Filing of candidacy by declaration, with the required \$10.00 fee.
- Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

Required Information (if no relevant information, list "none")

Occupation present employment – paid or unpaid

Mt. Hood Community College Business and Computer Instructor

Occupational Background previous employment – paid or unpaid

Centennial School District - High School Business Instructor
Served on the Centennial High School site council
Coached for 10 years Awesome Eagle Showband Color Guard

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Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Portland State University		Masters Degree	Business
Mt. Hood Community College		AA	Business

Other:

Required Information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed

NONE

By signing this document, I hereby state:

- that I will qualify for said office if elected
- that all information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box:

- By marking this box, I certify I do not have an existing candidate's committee and 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.
- By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the Campaign Finance Manual.

[Redacted Signature]

Candidate's Signature

3/16/11

Date Signed

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DIRECTOR OF METRO GOVT

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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) No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013).

For Office Use Only

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Initials

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Cash or Check Number

Candidate ID Number

22579

Receipt Number

Office Number