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Candidate Information			
Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
David M. Solomon Jr.		David Solomon	
Filing for Office of*	 - ·-	District and/or positi	on (if applicable)*
Portland Community College Boa	rd	Director Zone 5	
Residence Address, Street/Rout	• *		
2112 SW Luradel Street			
City*	State*	Zip*	County of Residence*
Portland	OR	97219	Multnomah
Home Phone	Work Phone	Cell Phone	Fax
503 293 0995	503 789 3459	503 789 3459	
Email Address*	Date of Election	n*	
dmsolomonjr@gmail.com	May 21, 2013	·	
Mailing Address (where all corre	spondence will be sent) S1	treet/Route*	
2112 SW Luradel Street			
City*	State*	Zip*	
Portland * Indicates a required field. At I	OR east one phone number is	■ 97219 s also required.	
Filing Information			
Filing with the required \$10.0	0 fee.		
O Filing by petition with the req	uired signature sheets.		•-
		m)	20
Required Information (if no relev			
Occupation present employment			
Executive Vice President of S			7 N THE
Occupational Background previo			
Vice President of Sales a	_	io Precision	10 To
Product Manager for Prev		-uala	
Senior Researcher for Gr	iggs-Anderson Resea	arcn	1
			(i) = 37
	in the second		
Educational Background schools	ettended use ettechment	if panded (required)	
Complete Name of School (no a			Certificate Course of Study
	Completed	(AA, BA, BS, MA,	
Saint Vincent College		ВА	
Portland State University		МВА	
• .			
Othors			
Other:			

=	mation (if no relevant information, list "none" or "n/a") sental Experience elected or appointed (required)
None	
1	
Pur et entre et t	decreased therefore equification
	document, I hereby certify that: for said office if elected
	on provided by me on this form, including my occupation, educational and occupational background,
	vernmental experience, is true to the best of my knowledge
Check the anni	icable box (not applicable to candidates for federal office - US Senate and US Representative):
●	By marking this box, I certify I do not have an existing candidate committee and I do not expect to spend more t
	\$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 2012 Campaign Finance Manual.
0	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 2012 Campaign Finance Manual.
<u></u>	
Warning	
Supplying up to 5 ve	g false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for ears. (ORS 260.715). No person may be a candidate for more than one district office, unless the district has less than
10,000 ele	ectors residing in the district. No person may be a candidate for more than one position on the same board to be filled
at the sar	ne election. (ORS 249.013 and ORS 249.170).
	1.2
	211/2115
	2/12/13
	2/12/15 Date Signed
For Office Use	Date Signed
For Office Use	Date Signed
For Office Use	Date Signed