

# District Candidate Filing

**SEL 190**

rev 1/12: ORS 255.235

**i** This information is a matter of public record and may be published or reproduced.  Original  Amendment

**Candidate Information**

<b>Candidate Legal Name*</b> Thuy C. Tran	<b>Candidate Name (As it should appear on ballot)*</b> Thuy Tran
<b>Filing for Office of*</b> School District Board Member	<b>District and/or position (if applicable)*</b> Parkrose School District- position 3

**Residence Address, Street/Route\***  
1143 NE 135th Ave

<b>City*</b> Portland	<b>State*</b> OR	<b>Zip*</b> 97230	<b>County of Residence*</b> Multnomah
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<b>Home Phone</b> 503 267 3262	<b>Work Phone</b> 503 284 9071	<b>Cell Phone</b> 503 267 3262	<b>Fax</b>
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<b>Email Address*</b> thuy@votefortran.com	<b>Date of Election*</b> May 2013
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**Mailing Address (where all correspondence will be sent) Street/Route\***  
1143 NE 135th Ave

<b>City*</b> Portland	<b>State*</b> OR	<b>Zip*</b> 97230
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\* Indicates a required field. At least one phone number is also required.

2013 FEB 15 11:21:03  
 CLERK OF DISTRICT COURT  
 CLATSOP COUNTY, OREGON

**Filing Information**

- Filing with the required \$10.00 fee.
- Filing by petition with the required signature sheets.

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

**Occupation present employment – paid or unpaid (required)**  
Optometric Physician – Rose City Vision Care

**Occupational Background previous employment – paid or unpaid (required)**  
Optometric Physician – Chief of Optometry – 142 Medical Group  
Air National Guard

**Educational Background schools attended, use attachment if needed (required)**

Complete Name of School (no acronyms)	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
University of California-Los Angeles	Bachelor Degree	Biology	
Pacific University College of Optometry	Doctor of Optometry		

Other:

Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)

Currently: Parkrose School District Board Member: Position #3

2013 FEB 15 10:12:04  
OFFICE OF THE CLERK

By signing this document, I hereby certify that:

- I will qualify for said office if elected
- 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 (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 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 2012 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 2012 Campaign Finance Manual.

**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 and ORS 249.170).



15 Feb 2013

Date Signed

For Office Use Only

TC

Initials

~~22991~~ 6124

Cash, Check Number, or credit card approval #

22991

Receipt #