

District Candidate Filing

SEL 190

rev 1/12: ORS 255.235

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

Candidate Information

Candidate Legal Name*

DAVID MORRISON

Candidate Name (As it should appear on ballot)*

DAVID MORRISON

Filing for Office of*

PPS SCHOOL BOARD Zone 6

District and/or position (if applicable)*

MULTNOMAH Zone 6

Residence Address, Street/Route*

~~5546 602 NE PRESIDENT~~ 5546 SE TAYLOR

City*

PORTLAND

State*

OR

Zip*

97215

County of Residence*

MULT.

Home Phone

503 2368600

Work Phone

Cell Phone

Fax

Email Address*

wirelesswatch@yahoo.com

Date of Election*

Mailing Address (where all correspondence will be sent) Street/Route*

5546 SE TAYLOR

City*

PORTLAND

State*

OR

Zip*

97215

* Indicates a required field. At least one phone number is also required.

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)

RARE BOOKSELLER

Occupational Background previous employment - paid or unpaid (required)

RARE BOOKSELLER

~~POLITICAL ACTIVIST~~ SOCIAL ACTIVIST

PRESIDENT WIRELESS EDUCATION ACTION NON-PROFIT

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

~~LOS ANGELES CITY COLLEGE~~

Los Angeles City College

AA

Other:

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

Prior Governmental Experience elected or appointed (required)

none

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).

Candidate's Signature

3/13/13

Date Signed

For Office Use Only

Initials

CS

Cash, Check Number, or credit card approval #

CASH

Receipt #

23037