District Candidate Filing

SEL 190 rev 1/12: OBS 265.235

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Candidate Information Candidate Legal Name* ERZCK FLORES Candidate Name (As it should appear on ballot)* FLORES ERZCK For District and/or position (if applicable)* Parkrose School Board Position (if appli Filing for Office of* I 3415 SE Pine St.City*Brt/andState*Zip*97233County of Residence*Home PhoneWork PhoneCell PhoneFax503 - 262 - 8331503 - 256 - 6500FaxEmail Address*Date of Election*Man , 715t Residence Address, Street/Route* May, 21st Mailing Address (where all correspondence will be sent) Street/Route* Same as above City* State* Zip* * Indicates a required field. At least one phone number is also required. **Filing Information** Filing with the required \$10.00 fee. O Filing by petition with the required signature sheets. Regulred Information (if no relevant information, list "none") Public School Teacher- Pavid Douglas School Pistict Occupational Background previous employment - paid or unpaid (required) Community Octreach Linison - David Douglas School District Educational Background schools attended, use attachment if needed (required) Complete Name of School (no acronyms) Last Grade Level Diploma/Degree/Certificate **Course of Study** (AA, BA, BS, MA, PhD, etc) Completed optional Brtland State University M.A. Curriculum and Instruction Bertland State University B.A. Liberal Arts Mt. Hood Community College Transfer Transcript 90 credits Pavid Pouglas High School David Douglas High School 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:

 \rightarrow 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):

- O 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

111/13

Date Signed

For Office Use Only

Cash, Check Number, or credit card approval #

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