| District Candidat  | te Filing     | 9                                   |                                       |                                       | SEL 190<br>rev 1/12: ORS 255.235          |
|--|---------------|-------------------------------------|---------------------------------------|---------------------------------------|---|
| This information is a matter of  | of public rec | ord and may be pub                  | lished or reproduc                    | ced. 🖲 Origina                        | N O Amendment                             |
| Candidate Information  |               |                                     | ·                                     |                                       |   |
| Candidate Legal Name*<br>Julie Cleveland                                     |               |                                     | Candidate Nam<br>Julie Clevela        |                                       | appear on ballot)*                        |
| Filing for Office of*<br>Portland Community Co                               | llege Dire    | ctor                                | District and/or<br>Zone 2             | position (if appl                     | icable)*                                  |
| Residence Address, Street/Ro<br>20230 NW Sauvie Islan                        |               |                                     |                                       |                                       |   |
| City*<br>Portland  |               | State*<br>OR                        | Zip*<br>97231                         | County o<br>Multnon                   | f Residence*<br>nah                       |
| tome Phone<br>503-621-3005   | Work F        | hone                                | Cell Phone<br>503-577-                | 6565                                  | Fax                                       |
| Email Address*<br>votepccdirector2@gmai                                      | il.com        | Date of Election*<br>May 21, 2013   |                                       |                                       |   |
| Mailing Address (where all co<br>20230 NW Sauvie Islan                       |               | e will be sent) Stree               | t/Route*                              |                                       |   |
| City*<br>Portland<br>* Indicates a required field. /                         | At least one  | State*<br>OR<br>phone number is als | Zip*<br>97231<br>so required.         |                                       | · · · ·                                   |
| Filing Information   |               |                                     | i i i i i i i i i i i i i i i i i i i |                                       |   |
| Filing with the required \$1   | 0.00 fee.     |                                     |                                       |                                       | 2013                                      |
| O Filing by petition with the  |               | nature sheets.                      | <u> </u>                              | · · · · · ·                           |   |
|  |               |                                     |                                       |                                       |   |
| Required Information (if no re   | elevant infor | mation, list "none")                |                                       |                                       | na se |
| Occupation present employment – paid or unpaid (required)<br>Lavender Farmer |               |                                     |                                       |                                       |   |
| Decupational Background pre  |               |                                     |                                       |                                       | <u>a</u> 8                                |
| Volunteer Firefighter/El<br>Sauvie Island RFPD #3                            |               |                                     |                                       |                                       |   |
| OSU Extension - Colun  |               |                                     | ication Speciali                      | st                                    |   |
| OMSI - Science Educat  | tor           |                                     | 1                                     |                                       |   |
| Multhomah County Edu   |               |                                     |                                       | -ducator                              | • .                                       |
| United States Forest Se  | ervice - Ba   | ick Country Ran                     | genrirengntei                         |                                       |   |
| Educational Background scho<br>Complete Name of School (n                    |               |                                     | Diploma/De                            | egrøe/Certificate<br>5, MA, PhD, etc) | Course of Study<br>optional               |
| Oregon State University  |               |                                     | BS                                    | Fo                                    | restry - Resource Rec. Mgn                |
| J ,  | <u> </u>      |                                     |                                       |                                       | EMT Course                                |
| Portland Community College   | 0             |                                     |                                       |                                       |   |
|  |               | ity                                 | EMT Lice                              | nse                                   | · · · ·                                   |

Required Information (if no relevant information, list "none" or "n/a") Prior Governmental Experience elected or appointed (required) Served on the Multhomah County Planning Commission Served on the Multhomah County Bridge Committee for the Sauvie Island Bridge

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.
- O 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

For Office Use Only

Cash, Check Number, or credit card approval #

Receipt #