

District Candidate Filing

OR

SEL 190
REV 1/12-ORS 255.235

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Candidate Information

Candidate Legal Name* MARK ELLIOTT GARDNER Candidate Name (As it should appear on ballot)* MARK GARDNER

Filing for Office of* PARKROSE School Board District and/or position (if applicable)* Position 3

Residence Address, Street/Route* 11807 NE PRESOTT ST.

City* Portland State* Oregon Zip* 97220 County of Residence* Mult

Home Phone 503-254-1752 Work Phone Cell Phone Fax same as Home

Email Address* markgardner.usa@gmail.com Date of Election*

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. Filing by petition with the required signature sheets.

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

Occupation present employment - paid or unpaid (required) Supervisor Hoffard Home Improvement

Occupational Background previous employment - paid or unpaid (required) ORDERLY Providence Hospital
OWNER GMC cabinets
GENERAL CONTRACTOR

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
Graduate David Douglas High School 1970

Other:

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

Prior Governmental Experience elected or appointed (required)

~~Elected~~ Parkrose school Board 1995-1999

Parkrose District citizen advisory committee

" " Budget Committee

" " Budget committee (chair)

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

Date Signed

3-14-13

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

Receipt #

JS

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