## Candidate Filing

**SEL 190** 

rev 01/16 ORS 255 235

DISTRICT						ORS 255.235
All information must be completed	or the form wil	l be rejecte	ed.			
This filing is an	Original			Amendment		
Office Information				<del></del>		• .
Filing for Office of: Portland Com	munity Co	llege B	oard of Directors	;		
District, Position or County: Zone # 6	5					
Filing Information		n n n n en n ne e		William State Control	No. 4	grade de la companya
Filing with the required \$10.00 fee						
Prospective Petition						
Candidate Information	to a second	The Page				
Name of Candidate			A. A.		·	
First	MI	Last			Suffix	Title
Mohamed		Alyajo	Duri			
How you would like your name to appear on the ballot						
Mohamed Alyajouri						
Candidate Residence/Route Address	•	. <u>-</u> .				
Street Address			City		State	Zip
8750 SW 147th TER 101			Beaverton		OR	97007
Candidate Mailing Address and Contact	Information: Or	nly one pho	ne number is required.	ga Marinto a		
Street Address or PO Box 8750 SW 147th TER 10	1		city Beaverton		State OR	Zip 97007
Work Phone Home	Phone		Cell Phone 541-602-2815	Fax		
Email Address  Web Site, if applicable  Alyajouri@gmail.com						
Occupation (present employment) If no relevant experience, None or NA must be entered.						
HeaRhcare integration Manager with Oregon Primary Care Association, a non-profit membership association made up of Oregon's community health centers (also known as Federally Qualified Health Centers). I oversee the development, implementation and coordination of programs that promote integrating behavioral and oral health services into primary care, within Oregon community health centers.						
Board Chair, New City Initiative Board Member, Oregon Public Health Association	roe al Brio Craft (leadu) Service	з вы ривач сые,	живі оледон сопишку неаві селю s.			
Occupational Background (previous employment) If no relevant experience, None or NA must be entered.						
Project manager for Integrated Cli Responsible for managing the ICI and optimization projects that imp HIV health services, corrections h Quality Improvement & Informatic	inical Service 0-10 convers acted ICS' al ealth, behavi	es divisio sion and l ll primary ioral hea	n of Multnomah Cou EPIC MyChart Imple care health centers Ith, dental and more	inty's Health mentation, t , school-bas	wo large sed health	operational centers,

Last Grade completed	Diploma/Degree/Certificate	Course of Study
Masters	MPH	Public Health
B.S. B.S.		Healthcare Administration
12	H.S. Diploma	NA _
sheet if necessary.	· · · · · · · · · · · · · · · · · · ·	
	Masters B.S. 12	Masters MPH B.S. B.S. 12 H.S. Diploma

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.  Portland Community College Board of Directors (Zone 6 Incumbent) Oregon Health Authority - Behavioral Health Collaborative Oregon Health Authority - Health Information Technology Task Force Public Health Planning & Advisory Committee - Benton County Oregon	Cidadato intoli Trona Todani Organization Control Control				
Oregon Health Authority - Behavioral Health Collaborative Oregon Health Authority - Health Information Technology Task Force	Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.	to a state of the contract of			
	Oregon Health Authority - Behavioral Health Collaborative Oregon Health Authority - Health Information Technology Task Force				

Campaign Finance Information (not applicable to	candidates for federal office)	Profit Landing Company	
Candidate Committee			in the state of th
Yes, I have a candidate committee.		•	
No, I do not expect to spend more than \$750 o			
records of all campaign transactions and if total		tures exceed \$750 durin	g a calendar year, i must
follow the requirements detailed in the Campai	<del>-</del>	EL 220)	
No, but will be filing a Statement of Organization	on for Candidate Committee (S	tl 220).	

## By signing this document, I hereby state that:

- → I will qualify for said office if elected
- → all information provided by me on this form is true to the best of my knowledge

的复数电影 法经验



## 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). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Candidate's Signature

March 3, 2017

·我们一遍开发点一定严重统计选择的

Date Signed

TIM SCOTT OIRECTOR OF ELECTIONS

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