Filing of Candidacy for Special District Nomination

SEL 190

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

•					
Candidate Informati	ion				
Candidate Name			Filing for Office of		
Chuck Riley			Portland Community College Director		
How Name Should Appear on Ballot			District, Position or Zone Number if applicable		
Chuck Riley			Zone 7		
Residence Address,	Street/Route				
250 NE Hillwoo	od Drive				
City	The second secon	State	Zip Code	County of Residence	
Hillsboro		OR	97124	Washington	
Home Phone		Work Phone		Cellular Phone	
503-640-8689		n/a	•	503-936-5791	
Fax	ax Email Address		Date of Election		
n/a	Chuck@ChuckRiley.org		May 17, 2011		
Mailing Address who	ere all correspondence od Drive	will be sent, Street/Ro	oute		
City		State	Zip Code		
Hillsboro		OR	97124		
Filing Information					
Filing of candidacy	y by declaration, with the	e required \$10.00 fee.			
O Filing of candidacy of the electors res	/ by petition, with the re siding in the electoral dis	quired signature sheet strict for the office (wh	ts bearing the signatuichever is less), certif	res of at least 25 electors or at least 10% ied by the appropriate county elections officials.	
Required Informatio	n (if no relevant informa	ation, list "none")	• .		
Occupation present	employment - paid or u	npaid			
none					
Occupational Backg	round previous employ	ment – paid or unpaid			
First Interstate	Representative, omputer Consulting Bank of Oregon - Oregon - Information	Information Tech	• • •	st,	

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Portland Community College	adult learning	none	
Southern Illinois University	15	none	
University of Illinois	13	None	

	Required Information (if no relevant information, list "none")
	Prior Governmental Experience elected or appointed
	Oregon State Representative - three terms
1	
	By signing this document, I hereby state:
	That I will qualify for said office if elected That I will qualify for said office if elected
	that 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:
	By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350
	or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the
	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 Campaign Finance Manual.
	2/18//1
	Candidate's Signature Date Signed
	This information is a matter of public record and may be published or reproduced.
	7 This information is a matter of public record and may be published or reproduced.
	Waming 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).
	The control of the co

For Office Use Only
Initials

2557 Cash or Check Number

Candidate ID Number