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

Candidate Information					
Candidate Name		Filing for Office of			
ERICK FLORES		Ut. Hos el Com	invenity Colles	e Doard	
How Name Should Appear on Ballot		District, Position or 2	Zone Number if applic	able ·	
ERICK FLORES			3		
Residence Address, Street/Route  13415 SE Pine	St.	<b>^</b>			
	State	Zip Code	County of Residence	e	
City Portland	OR	97233	Multa	,	
Home Phone	Work Phone		Cellular Phone		
503-262-8331			503-68	6- I655	
Fax Email Address	/ 0/	Date of Election			
	_Erick@ho				
Mailing Address where all correspondence	will be sent, Street/Ro	oute			
City	State	Zip Code			
City	Jule	zip code			
Filing Information					
Filing of candidacy by declaration, with th	e required \$10.00 fee				
		- 1	<u> </u>	20 100	
O Filing of candidacy by petition, with the re of the electors residing in the electoral dis					
Required Information (if no relevant inform					
Occupation present employment – paid or unpaid					
ESLISOCIAL Studie	-				
Occupational Background previous employment – paid or unpaid					
				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
r school Merk, committed of					
			•		
				•	
Education I Duding the design of the second		<b></b>			
Educational Background schools attended, Complete Name of School no acronyms	use attachment if need Last Grade Level	Diploma/Degree/		ourse of Study	
24 104 1011	Completed	(AA, BA, BS, MA,		otional	
Portland State Univers	174	M. A. Corrice		struction	
Portland State Uni	icroity	B.A. Lib	eral Arts		
Ut. Hood Community College Transfer Degree - 90 credits					
	<i>O</i>				
Other			······································	<del></del>	
Other:					

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none	
<b>(</b> ( )	
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	·
By signing this document, I hereby state:	
that I will qualify for said office if elected	
that all information provided by me on this form, and prior governmental experience, is true to the	including my occupation, educational and occupational background:  be best of my knowledge
Check the applicable box:	
By marking this box, I certify I do not have an exist or receive more than \$750 during each calendar.	sting candidate's committee and I do not expect to spend more than \$750 year. I understand I must still keep records of all campaign transactions and \$750 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 f	Filed or will soon file a Statement of Organization for Candidate Committee
(SEL 220). For detailed instructions, see the Cam	npaign Finance Manual.
	7/1721
	3/17/11
Candidate's Signature	Date Signed
This information is a matter of public record	and may be published or reproduced.
Warning Supplying talse information on this form/may.	esultin conviction of a felony with a fine of up to \$125,000 and/or prison for
unito 5 years (ORS 260-715) No person may b	he a candidate for more than one district office, unless the district has less than
10,000 electors residing in the district. No pers	son may be a candidate for more than one position on the same board to be filled
at the same election. (ORS 249 013)	
•	•
or Office Use Only	

Initials.

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Receipt Number