

Filing of Candidacy for Special District Nomination

SEL 190

rev 01/10: ORS 255.235

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Candidate Information

Candidate Name Greg Belisle		Filing for Office of Portland Public School Board	
How Name Should Appear on Ballot Greg Belisle		District, Position or Zone Number if applicable Director, Zone 7	
Residence Address, Street/Route 5115 SE 40th Avenue			
City Portland	State OR	Zip Code 97202	County of Residence Multnomah
Home Phone (503)233-4345		Work Phone (503)988-5961	
Fax		Cellular Phone	
Email Address gregforschools@gmail.com	Date of Election May 17, 2011		

Mailing Address where all correspondence will be sent, **Street/Route**
5115 SE 40th Ave.

City Portland	State OR	Zip Code 97202
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Filing Information

- Filing of candidacy by declaration, with the required \$10.00 fee.
- Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

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

Occupation present employment – paid or unpaid
Program Manager, Impact Northwest

Occupational Background previous employment – paid or unpaid
Asst. Store Manager
Youth Development Worker
Teacher
SUN Site Manager

2011 FEB 11 PM 4:14
 THE SECRETARY OF STATE
 DIVISION OF ELECTIONS

Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
South Dakota State University	16	B.S. and B.M.E.	Communication and Music Education

Other:

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

Prior Governmental Experience elected or appointed

None

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, 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.

[Redacted Signature]

2-11-2011

Candidate's Signature

Date Signed

2011 FEB 11 PM 4:11
DIRECTOR OF ELECTIONS

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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).

For Office Use Only

Initials

6755
Cash or Check Number

Candidate ID Number

22496
Receipt Number

Office Number