rev 1/12: ORS 255,235

andidate Information		1		
Candidate Legal Name* James Santee Trujillo Filing for Office of* School Board		Candidate Name (As it should appear on ballot)* James S. Trujillo District and/or position (if applicable)* Parkrose Director Position 2		
city* Portland	State* Oregon	Zip* 97230	County of Residence* Multnoman	
lome Phone Work	Phone	Cell Phone 9712852195	Fax	
mail Address* rujijam@parkrose.k12.or.us	Date of Election* May 19, 2015			
failing Address (where all corresponder 3639 NE Fremont Ct.	nce will be sent) Stree	t/Route*		
ity* Portland	State* Oregon	Zip* 97230		
Indicates a required field. At least one	J			
iling Information		•		
Filing with the required \$10.00 fee.				
Filing by petition with the required sign	nature sheets.			··
equired Information (if no relevant info	rmation, list "none")			الله الله الله الله الله الله الله الله
ccupation present employment – paid of Genior Manager, HR	or unpaid (required)		•	IS DIREC
ccupational Background previous emplorarkrose School Board, Director	oyment - paid or unp Position 2	paid (required)		RECEIV MAR -4 A TIM SCOT
earning Manager, PacifiCorp				라. - 1 - C.H.
IR Lead/Senior Consultant, Pac	cifiCorp			EL .
olunteer, Peace Corps				/ED # 8: 14 T
ducational Background schools attende complete Name of School (no acronyms Portland State University	-	eeded (required) Diploma/Degree/ (AA, BA, BS, MA, MA		Course of Study optional
		BA		
University of Oregon				·
Rex Putnam HS	, 			

Prior Governmental Experience elected or appointed (required)
Parkrose School Board, Director, Position 2
Internship METRO
Internship Congressman Peter DeFazio

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.
- O 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

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

For Office Use Only

K,V

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Initiale

Cash, Check Number, or credit card approval #

Receipt #