## Filing of Candidacy for Special District Nomination

SEL 190 rev 02/11: ORS 255.235

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Candidate Information				
Candidate Name		Filing for Office of		
John Sweeney		Portland School Dist		
How Name Should Appear on Ballot		District, Position or Zone Number if applicable		
John Sweeney		Zone 2		
Residence Address, Street/Route				
1901 SE 35th	1666			
City	State	Zip Code	County of Residence	
Portland	OR	97214	Multnomah	
Home Phone	Work Phone		Cellular Phone	
503-230-0863			503-548-7198	
Fax Email Address	,	Date of Election	M 17251	
15weeney88@gnail.com May 17,201				
Mailing Address where all correspondence		·	<u> </u>	
37/4 5E Powel	16/100	702		
City	State OT	772 0	6	
Portland		1/20		
Filing Information	•			
Filing of candidacy by declaration, with the required \$10.00 fee.				
O 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				
Cable TV Co-Host				
Occupational Background previous employment – paid or unpaid				
Land Mangarent Consutant				
Parks Superison-Potland				
The state of the s				
Oregon Army National Graded - Captain 5				
Free Lance Writer				
			2 · 2	
			~ CO	
Educational Background schools attended	l, use attachment if need		•	
Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree (AA, BA, BS, MA		
Confland Communit		/		
Kubasaki American High Diplona Greneral E				
Other;				
US AKMY Compandt General Staff College				

Required information (if no relevant information, list mone )
Prior Governmental Experience elected or appointed
Prior Governmental Experience elected or appointed Mu (thona de County Demo cratic (Vincinct
Commettenan'
Committensa Director, Multnamah Education Servi District
District
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 \$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 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 <i>Campaign Finance Manual</i> .
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3/17/2011
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Date digited
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## Waming

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		
(s)		
Initials	Cash or Check Number	Candidate ID Number
22595		that we want to the state of th
Receipt Number	Office Number	