

Filing of Candidacy for Special District Nomination

SEL 190
rev 01/10 ORS 255 235

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Candidate Information

Candidate Name MARTHA ORPHA PEREZ		Filing for Office of DIRECTOR, PORTLAND PUBLIC SCHOOLS	
How Name Should Appear on Ballot MARTHA PEREZ		District, Position or Zone Number if applicable BOARD OF EDUC. 3	
Residence Address, Street/Route 920 NW KEARNEY ST #110			
City PORTLAND	State OR	Zip Code 97209-3435	County of Residence MULTNOMAH
Home Phone (503) 954-8653	Work Phone (503) 232-3937	Cellular Phone (503) 839-8545	
Fax (503) 727-2634	Email Address MOPEREZ73@AOL.COM	Date of Election MAY 17TH 2011	
Mailing Address where all correspondence will be sent, Street/Route 920 NW KEARNEY ST #110			
City PORTLAND	State OR	Zip Code 97209-3435	

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

CUSTOMER SERVICE PROFESSIONAL H+R BLOCK PORTLAND, OR (PAID)

Occupational Background previous employment – paid or unpaid

OVER A DECADE PLUS EXPERIENCE IN GOVERNMENT (LOCAL, CITY, COUNTY, STATE, FEDERAL AND PRIVATE) WORKING ON PROGRAMS IN HEALTHCARE, ENERGY EFFICIENCY, TAX REVENUES, BUSINESS AND RELATED ENTITIES.

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
SIMON BENSON POLYTECHNIC HIGH SCHOOL (PORTLAND, OR)	(12)	- DIPLOMA	MANUFACTURING
PORTLAND STATE UNIVERSITY (PORTLAND, OR)	(16)	- BA	GENERAL STUDIES / SPANISH

Other:

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

Prior Governmental Experience elected or appointed

COMMISSIONER, RESIDENT ADVISORY COUNCIL, HOUSING AUTHORITY OF PORTLAND
APPOINTED (2009 - CURRENT) (SECTION 8 / AFFORDABLE HOUSING PROGRAM)

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.


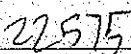
Candidate Name: 

Date Signed: 3/15/2011

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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:  Cash or Check Number:  Candidate ID Number: _____
 Receipt Number: _____ Office Number: _____