rev 1/12: ORS 255.235

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Candidate Information Candidate Legal Name* Michael E. Rosen		Candidate Name (/	As it should appear on ballot)* Mike R	osen
Filing for Office of Portland Public Schools School Board		District and/or position (if applicable)* Portland/Zone 7		
Residence Address, Street/Route 6005 SE 20 th Ave.				
City* Portland	State* OR	Zip* 97202	County of Residence* Multnoma	ıh .
Home Phone 503 309 9894	Work Phone N/A	Cell Phone 503 309 9894	Fax	
Email Address* mike4pps@gmail.com	Date of Election* May 19 2015			
Mailing Address (where all corresp	pondence will be sent) Street	Route* 6005 SE 20 th Av	3.	
City* Portland	State* OR	Zip* 97202		
* Indicates a required field. At lea	st one phone number is als	o required.		
Filing Information				
X Filing with the required \$10.00	fee.		DIREC	
O Filing by petition with the required	d signature sheets.		RECEIVEI FEBII PHI TIM SCOTT TOR OF ELEC	•
Required Information (if no relevan	nt information, list "none")		190NS	
Occupation present employment -	paid or unpaid (required)		₹5 2 9	•
Watershed Division Manager,	Portland Bureau of Env	ironmental Services		
Occupational Background previou Northwest Region Cleanup Pr	s employment – paid or unpa ogram Manager, Oregor	id (required) Department of Envi	ronmental Quality	
Educational Background schools at Complete Name of School (no acron		ded (required) Diploma/Degree/0 (AA, BA, BS, MA,		/
State University of New York,	Binghamton, NY	BA	Chemistry	
Oregon Graduate Center		PhD	Environmental Sc and Engineering	ience

Required Information (if no relevant information, list "none" or "n/a" Prior Governmental Experience elected or appointed (required)

Association of State and Territorial Solid Waste Management Officials, Voluntary Cleanup Task Force, Chair, Oregon representative

Association of State and Territorial Solid Waste Management Officials, Contaminated Sediments Cleanup Task Force, Chair,

Oregon representative

Portland Public Schools High School Redesign Advisory Committee

By signing this document, I her	reby certify that:
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♦ 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.

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 FALSE INFORMATION ON THIS FORM MAY RESULT IN CONVICTION OF A FELONY WIRLA FINE OF TO \$125,000 AND/OR PRISON FOR UP TO 5 YEARS. (ORS 260.715). NO PERSON MAY BE A CANDIDATE FOR MORE THAN ONE POSITION ON THE SAME BOARD TO BE FILLED AT THE SAME ELECTION. (ORS 249:013-249:

Candidate's Signature

Date Signed

For Office Use Only

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Cash, Check Number, or credit card approval #

Receint#