rev 01/21 ORS 255.235

This form must be filed v	vith county elections offi	cial. All info	rmation must be completed	or the form	n will be reje	cted.
2021 District Election Filling D	ates					
Candidate Filing February 6, 2	2021 to March 18, 2021		Withdrawal Date March 1	8, 2021		
This filing is an	Orlgin	nal		Amendmen	t	
Office information :				生产发展的 第四条数据		
Filing for Office of: PORTLA	AND SCHOOL DIST	TRICT #1	J			
District, Position or County:Z(ONE 5 DIRECTOR		•			
Filling Information						
Filing with the required \$1	0.00 fee					
Prospective Petition				· · · · · ·		
Candidate Information (*)						
Name of Candidate				理制物		e le la rai de la companya de la co
First Daniel	МI А	Last Rodger	· ·		Suffix MD	
		TOUGO				
How you wouldlike your nam	e to appear on the ballo				en e	神经科学的
Daniel Rodgers						
Candidate Residence/Route A	ddress - Lar Willes					
Street Address	and the state of t	and beautiful Principle Street House Principles	Clty		State	Zlp
6110 NE 16th Ave		ta al cantación car ta distanción	Portland	ZKANZSKUSKO POSELISZE	OR	97211
Candidate Mailling Addiress an	d[Contact] Information is A	(t _e leastrone)		drešš is rėgi		1
Street Address or PO Box 6110 NE 16th Ave		ı	City Portland		State OR	^{Zip} 97211
Work Phone	Home Phone		Cell Phone	Fax		
484-459-8532	484-459-8532		484-459-8532	'	<u> </u>	٠
Email Address		÷	Web Site, if applicable			<u></u>
dan.rodgers@gmail.com	<u> </u>					
Race and Ethnicity Optional					等等的。	
	4,					38 :4:
Occupation (present employm		ience-inone	OUNA/most be entered!	koer is specia	TO NOT NO	
The Portland Clinic; Fam	illy Physician					
Occupational Background (pre	vious employment) if no	reievant ex	oërience None or NA musik	e entered		1 77.7.7.7
Wellspan Health; Reside						
Drexel University; Stude						
Gateway Medical Associ	ates; Medical Assis	stant				

Educational Background (schools attended). If no Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
American Board of Family Medicine		Board Certification	Family Medicine
Drexel University College of Medicine		Professional Degree	M.D.
Kutztown University of Pennsylvania		Bachelors of Science	Biology
Henderson High School		Diploma	General/Video Prod.

Prior Governmental Experience (elected or appointed) If no relevant experience; None of NA must be entered

Goverment and Practice Advocacy Committee; Pennsylvania Acad of Family Physicians Graduate Medical Education Commitee; Wellspan Health

Campaign Finance information (not applicable to candidates for tederal office)

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).

If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.

See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

By signing this document, I hereby state that:

- → I will qualify for said office If elected
- → All information provided by me on this form is true to the best of my knowledge

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süpplying false information on this form may result in conviction of a felony with a fibe of up to \$125,000 and/or prison for up to 5 (ORS 260.7.15). Alperson may only file for one lucrative of floe at the same election.

(drs 249.013;and ors 249.470)

Candidate's Signature

Date Signed