District

Candidate rining replically o, 2023	5 to March 20, 2025	Withdrawal Da	ate March 20, 2025		
This filing is an	Original		Amendn	nent	
Office Information			/ >		
Filing for Office of: School Boa	ard Zone 6				
District, Position or County: Port	land Public Schools			Es E))
Filing Information		*		171,	70
Filing with the required \$10.00) fee			2001 N	
Prospective Petition	`				1 - 1
Candidate Information Name of Candidate	200				: B
First	MI		Last	<u> </u>	proposition and a sold of the filter for the
Simone	, G. S.		Crowe	(A) ~	
imone Crowe Candidate Residence/Route Addr Street Address	· · · · · · · · · · · · · · · · · · ·	City	NO Programme in the control of the c	State	Zip
Candidate Mailing Address and C	ontact Information Do not use	e an address that ha	s been exempt from	disclosure.	
Street Address or PO Box		City		State	Zip
Work Phone	Home Phone		Cell Phone 207 664-4	169	
		Web Site, if ap	plicable		
Email Address imone.crowe@gmail.com					
imone.crowe@gmail.com					
mone.crowe@gmail.com	t) If no relevant experience, No	one or NA must be e	:ntered.		

Consultant, Disaster Resilience, Climate Justice Alliance, Centennial Community Resilience Network, and Thrive East PDX; Policy Organizer, Oregon Just Transition Alliance; Field Director, Portland Clean Energy Fund ballot initiative; Communications Manager, Partners for a Hunger-Free Oregon.

mplete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
East West College of Healing Arts		Trade school	Massage therapy
Pacific Northwest College of Art		MFA	Collaborative Design
Prescott College		ВА	Social Justice
lucational Background (other) Attach a separat	te sheet if necessary.	<u> </u>	

Prior Governmenta				

Campaign Finance Information

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 \$1,500 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.

Residence Address Exemption

To exempt your residence address from public disclosure, complete form <u>SEL 180 – Residence Address Exemption Request</u>. The request for a Residence Address Exemption MUST include a publicly disclosable mailing address. See the Candidates Manual for further information.

Industrial of twent my residence address to be disclosed. I will be filing a separate SEL 180 – Residence Address Exemption Request.

Candidate Attestation

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



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). A person may only file for one lucrative office at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)



03/20/25

Date Signed

RECEIVED

District

rev 12/24

Candidate Filing February 8, 2025	to March 20, 2025	Mithdrayal C	ate March 20, 2025		
his filing is an Office Information	Original		Amendm	ent (1888 1888)	
iling for Office of: School Be	oard				
District, Position or County: Zor	ne 6				
iling Information					
Filing with the required \$10.00) fee				
Prospective Petition					
Candidate Information Name of Candidate					
irst	MI _		Last		
Simone	G.S.		Crowe		
low you would like your name to	appear on the ballot				
imone Crowe					lantos talentis apagistal
MINORE CIOWE					
Candidate Residence/Route Addr	ess				
treet Address		City		State	Zip
				v.,	
andidate Mailing Address and C	ontact Information				
treet Address or PO Box		City .		State	Zip
Vork Phone	Home Phone		(207) 6	664-41	69
mall Address		Web Site, if a	pplicable		
simone.crowe@	gmail.com				
tace and Ethnicity Optional					
aucasian			<u> </u>		
		. Arayanzaninaara : A	entre intra la secretación se		
			antornal		
Occupation (present employment Community and disaster re				<u> </u>	

Thrive East PDX; Centennial Community Resilience Network; Climate Justice Alliance; Communityy Resilience Hubs and Networks campaign; Oregon Climate Action Hub; Oregon Just Transition Alliance, Policy Organizer; Portland Clean Energy Fund, Field Director; Partners for a Hunger-Free Oregon, Communications Manager

Educational Background (schools attended) If Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study	
East West College of Healing Arts	Trade school	LMT	massage therapy	
Pacific Northwest College of Arts	Grad school	MFA	Collaborative Design	
Prescott College	' Senior year	ВА	Social Justice	
Educational Background (other) Attach a separ	ate sheet if necessary.			

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

Nonprofit, advocacy, policy-making, fundraising, communications, organizing in environmental justice, economic justice, disaster resilience, energy justice, and anti-hunger advocacy,

Campaign Finance Information

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I don't want my residence address to be disclosed. I will be filing a separate SEL 180 – Residence Address Exemption Request.

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Candidate's Signature

2/18/25

DIRECTOR OF ELECTIONS

Date Signed

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