District

🚺 This form must be filed with county elections official. All information must be completed or the form will be rejected. 2025 District Election Filing Dates Candidate Filing February 8, 2025 to March 20, 2025 Withdrawal Date March 20, 2025 This filing is an Original Amendment Office Information Filing for Office of: Director District, Position or County: Position 2, David Douglas School District #40 **Filing Information** Filing with the required \$10.00 fee **Prospective Petition Candidate Information** Name of Candidate First MI **Stephens** Stephanie D. How you would like your name to appear on the ballot Stephanie D. Stephens Candidate Residence/Route Address **Street Address** City State 12536 NE Couch Street **Portland** OR 97230 Candidate Mailing Address and Contact Information Do not use an address that has been exempt from disclosure. Street Address or PO Box City State Zip **Portland** 12536 NE Couch Street 97230 OR Cell Phone **Work Phone** Home Phone 503-840-0569 **Email Address** Web Site, if applicable stephaniedstephens@gmail.com Race and Ethnicity Optional Occupation (present employment) If no relevant experience, None or NA must be entered. Community Engagement Manager, Oregon Department of Human Services w Occupational Background (previous employment) If no relevant experience, None or NA must be entered. Program Manager, National Partnership for New Americans Co-Founder, Unite Oregon Program Manager, Bureau of Planning and Sustainability, City of Portland

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
The Evergreen State College	4 Yrs - Undergraduate	Bachelor of Arts	English
Portland State University	1 Year - Grad School	N/A	Public Administratio
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Educational Background (other) Attach a sepa	rate sheet if necessary.		1
Prior Governmental Experience (elected or a	ppointed) If no relevant exper	ence, None or NA must be ente	red.
David Douglas School District, Boa	rd of Directors, Position	2 (Elected)	
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3/12/2025

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Date Signed