

Candidate Filing
District

SEL 190

rev 01/16
ORS 255.235

i All information must be completed or the form will be rejected.

This filing is an Original Amendment

Office Information

Filing for Office of: **Portland Community College - Director**

District, Position or County: **Zone 5, Multnomah**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

| First | MI | Last | Suffix | Title |
|--------|----|-------|--------|-------|
| Valdez | G | Bravo | | |

How you would like your name to appear on the ballot

Valdez Bravo

Candidate Residence/Route Address

| Street Address | City | State | Zip |
|----------------------|----------|-------|-------|
| 11207 SW Capitol Hwy | Portland | OR | 97219 |

Candidate Mailing Address and Contact Information: Only one phone number is required.

| Street Address or PO Box | City | State | Zip |
|--------------------------|----------|-------|-------|
| 11207 SW Capitol Hwy | Portland | OR | 97219 |

| Work Phone | Home Phone | Cell Phone | Fax |
|--------------------|--------------|--------------|-----|
| 503-220-8262x53082 | 503-442-1074 | 503-442-1074 | |

| Email Address | Web Site, if applicable |
|--------------------------|-------------------------|
| valdez.g.bravo@gmail.com | www.valdezbravo.com |

Occupation (present employment) If no relevant experience, None or NA must be entered.

Healthcare Administrator, VA Portland Health Care System

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Supervisor, Biomedical Engineering, VA Portland Health Care System; Biomedical Equipment Support Specialist, VA Portland Health Care System; Portland Community College Adjunct Instructor; Biomedical Equipment Support Specialist, Oregon Health & Sciences University; Non-Commissioned Officer, United States Army

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 FEB -6 AM 8:24
 DIRECTOR OF ELECTIONS
 JIM SCOTT

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

| Complete name of School (no acronyms) | Last Grade completed | Diploma/Degree/Certificate | Course of Study |
|---------------------------------------|----------------------|----------------------------|---------------------------|
| Baylor University | | Masters | Healthcare Administration |
| Baylor University | | Masters | Business Administration |
| Portland State University | | Bachelors of Arts | English |
| Portland Community College | | | General Studies |

Educational Background (other) Attach a separate sheet if necessary.

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

United States Army; Precinct Committee Person, District Leader House District 35/38

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

- Yes, I have a candidate committee.
- No, 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 Campaign Finance Manual.
- No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

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. (ORS 249.013 and ORS 249.170)

Candidate's Signature

6 Feb 17

Date Signed

For Office Use Only

Initials

CU

receipt # 23734