rev 01/16 ORS 255.235

All information must be completed or t	the form will be rejected.				
This filing is an	Original	Amendment			
Office Information					
Filing for Office of: Salem-	Keizer School D	istrict			
Filing for Office of: Galem-Keizer School District District, Position or County: Zone 5, School Board					
Filing Information					
Filing with the required \$10.00 fee					
Prospective Petition	, , ,				
Candidate Information					
Name of Candidate	A Company of The Res Contract of the Contract				
First Levi	MI Last Herrera-L	Suffix Suffix	Title		
How you would like your name to appear on the ballot					
Levi Herrero	a-Lopez				
Candidate Residence/Route Address					
Street Address 4271 Grayce	Ct SE City Sala	State OR	zip 97317		
Candidate Mailing Address and Contact Information: Only one phone number is required.					
Street Address or PO Box 4271 GCAVCE	Ct SE City Sa	(em State	zip 97317		
Work Phone Home Pho	Cell Phone 503-8	Cem Fax Fax			
Email Address Ieviherreralopez @gmail.com Web Site, if applicable N/A					
Occupation (present employment) If no relevant experience, None or NA must be entered.					
Executive Director, Mano a Mano Family Center					
Occupational Background (previous employment) If no relevant experience, None or NA must be entered.					
Cultural Forum, Chemeketa Community College					
Youth Case Worker, Mano a Mano					
Capaces Project Coordinator, Mano a Mano Project Coordinator, Voz Hispana Causa Chavista Program Coordinator, Mano a Mano					

Educational Background (schools attended) If no	relevant experience, Non	e or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Mc Nary High School	12	Diplom a	1.
Chemeketa Comm. College		,	transfer crediti
Portland Starte University	Sophomore	,	Communications
Educational Background (other) Attach a separate	sheet if necessary.		
1			
Prior Governmental Experience (elected or appo	inted) If no relevant exper	ience, None or NA must be ente	red.
Appointed - Budget Com	mittee, Budge	t Advisory Team. I. Council, MANI Ivisory Commission, y Board	(SKSD 24I)
Marion Public	safety (vor	1. Council, May	
Salem Fatures,	Salem Youth Ac	Wisory Commission,	(city of Salen)
Salem Social Di	ervices Mavisor	y Board	
Campaign Finance Information (not applicable to	candidates for federal of	fice)	
Candidate Committee			1,5
Yes, I have a candidate committee.	- 1, - 1, - 1		
No, I do not expect to spend more than \$750 c			
records of all campaign transactions and if tota follow the requirements detailed in the Campa		penditures exceed \$750 during a	i calendar year, I must
No, but will be filing a Statement of Organizati	_	ee (SEL 220).	
By signing this document, I hereby state that:			
ightarrow I will qualify for said office if elected			
ightarrow all information provided by me on this	form is true to the best of	my knowledge	
Warning		TAPECE (# SE	
Supplying false information on this form up to 5 years. (ORS 260.715). A person n			.25,000 and/or prison for
(ORS 249.013 and ORS 249.170)	nay only the for one factat	ive office at the same election.	
			3-16-17
			Date Signed
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For Office Use Only Initials