

**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: School Board, Director Position 6

District, Position or County: Corvallis School District 509J

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

**Name of Candidate**

First Edward	MI P.	Last Junkins	Suffix Jr.	Title MD
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**How you would like your name to appear on the ballot**

Ed Junkins

**Candidate Residence/Route Address**

Street Address 2991 NW Cassia Place	City Corvallis	State OR	Zip 97330
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**Candidate Mailing Address and Contact Information: Only one phone number is required.**

Street Address or PO Box 2991 NW Cassia Place	City Corvallis	State OR	Zip 97330
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Work Phone 801-706-1892	Home Phone	Cell Phone	Fax
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Email Address edjunkins@yahoo.com	Web Site, if applicable
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**Occupation (present employment) If no relevant experience, None or NA must be entered.**

(2013-present) Physician and Professor of Pediatrics, Associate Dean of Academic Affairs, Western University of Health Sciences, Lebanon, Oregon

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

(1991-94) House staff physician, Johns Hopkins Children's Center, Baltimore, MD; (1994-97) Commissioner Officer, public health physician, Crownpoint, NM; (1997-2000) Clinical instructor, University of Utah School of Medicine, Salt Lake City, UT; (2000-07) Assistant Professor, Pediatric Emergency Medicine, Primary Children's Medical Center, Salt Lake City, UT; (2007-13) Associate Professor, Pediatric Emergency Medicine, Primary Children's Medical Center; (2006-09) Assistant Dean of Diversity and Community Outreach, University of Utah School of Medicine, Salt Lake City, UT; (2009-13) Associate Dean of Student Affairs, University of Utah School of Medicine; (2013-present) Professor of Pediatrics, Associate Dean of Academic Affairs, Western University of Health Sciences, Lebanon, Oregon

**FILED**

**FEB 16 2017**

Continued on the reverse side of this form

Time: 1:20  
Deputy: *AD*  
SEL 190 AM/PM

**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
University of Notre Dame, Indiana	degree obtained	BA	PreMed/Psychology
Johns Hopkins University School of Medicine, Baltimore	degree obtained	MD	Medicine
Johns Hopkins Children's Center	post-graduate training	internship and residency training	Pediatrics
University of Utah School of Medicine	degree obtained, fellowship	MPH, post-graduate fellowship	Pediatric Emergency Medicine

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.

Served on a school board, appointed position, in Salt Lake City, Utah

**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)



February 15, 2017

Date Signed

**FILED**

**FEB 16 2017**

For Office Use Only Initials \_\_\_\_\_

Time: 1:20 AM/PM  
Deputy: [Signature]