

Candidate Filing
District

SEL 190
rev 01/14
ORS 255.235

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

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
David	L	LUTH	MR.	

How you would like your name to appear on the ballot

First	MI	Last	Suffix
DAVID	L.	LUTH	

Candidate Residence/Route Address

Street Address	City	State	Zip
250 49TH AVE SE	SALEM	OR	97317

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
(SAME AS ABOVE)			

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	(503) 5818845		

Email Address	Web Site, if applicable
dluth20@yahoo.com	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: COMMISSIONER
District, Position or County: POSITION 2 ^{suburban} EAST SALEM WATER DISTRICT

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

N/A

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

N/A

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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
N/A			

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.

N/A

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:

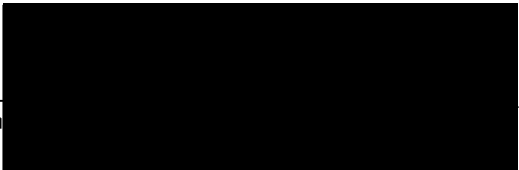
- I will qualify for said office if elected
- all information provided by me on this form is true to the best of my knowledge



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



2/24/2015
Date Signed

DEFI...
BILL BURGESS, COUNTY CLERK

15 FEB 24 10:59

MAYOR COUNTY CLERK

For Office Use Only

Initials

AD

CC Approval Code/Receipt Number

203394

**Candidate Filing
District**

SEL 190

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ORS 255.235

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Candidate Information				
Name of Candidate				
First	MI	Last	Suffix	Title
Mark		Fields		

How you would like your name to appear on the ballot				
First	MI	Last	Suffix	
Mark		Fields		

Candidate Residence/Route Address				
Street Address	City	State	Zip	
4277 Auburn Rd NE	Salem	OR	97301	

Candidate Mailing Address				
Street Address or PO Box	City	State	Zip	
4277 Auburn Rd NE	Salem	Ore	97301	

Contact Information: Only one phone number is required.				
Work Phone	Home Phone	Cell Phone	Fax	
	503-363-0920			
Email Address	Web Site, if applicable			

Filing Information	
<input checked="" type="checkbox"/> Filing with the required \$10.00 fee	
<input type="checkbox"/> Prospective Petition	

Office Information	
Filing for Office of:	Suburban East Salem Water District
District, Position or County:	Position # 2

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

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

24

over
[Signature]

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
North Salem High School	12th		
Oregon State University	2 years		

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.

Position 2 - suburban East Salem Water District

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

Candidate Committee

Yes, I have a candidate committee.

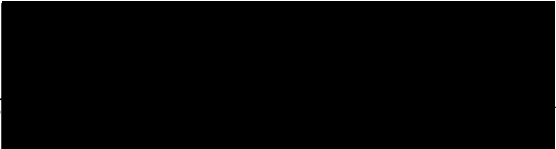
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4 March 2015
 Date Signed

DEPUTY
 BILL CLUGGESS, COUNTY CLERK

15 MAR -4 19:51

For Office Use Only Initials AS APPROVAL CODE/RECEIPT NUMBER 203408

Candidate Filing
District

SEL 190

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ORS 255.235

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Wayne	E.	PETERSEN		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Wayne		PETERSEN	

Candidate Residence/Route Address

Street Address	City	State	Zip
4730 Auburn Rd. N.E. 104A	Salem	OR	97301

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
SAME			

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	503-399-0515		

Email Address	Web Site, if applicable
AandW301@MSN.COM	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: COMMISSIONER #3
District, Position or County: ~~Salem~~ East Salem Water District

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

Retired

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

N/A

over
201

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
N/A			

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.

~~SN Council District~~ INCUMBENT

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

Candidate Committee

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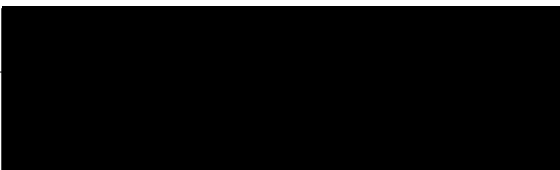
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2-23-15
Date Signed

DEPT. OF
 BILL BURGESS, COUNTY CLERK
 15 FEB 23 P2:23
 MARION COUNTY, OREGON
 FILED

For Office Use Only Initials

AB

CC Approval Code/Receipt Number

203393