This filing is an	Original			Amendm	ent	
Candidate Information						
Name of Candidate						
First	M!	Last			Suffix	Title
STEVE	M	LAC	LE			MR.
How you would like your name to appea	ar on the ballot					
First	Mi	Last			Suffix	
STEVE	M	LAU	LE			
Candidate Residence/Route Address						
Street Address		City			State	Zip
2433 ALLAN	AVE.	,	UBBAR	∂	් වR	47032
Candidate Mailing Address						. _.
Street Address or PO Box		City			State	Zip
2433 ALLAN	AVE.	H	UBBA	RD	OR	9703
Contact Information: Only one phone nu	mber is required		•		,	
Work Phone Home			hone	Fa	X	
1		(50	3)989	7187		
Email Address			Site, if applicable			
steve 10	vb cabi	ı				
Filing Information						
Filing with the required \$10.00 fee						•
Prospective Petition						
Office Information						
illing for Office of: HUBBARD District, Position or County: BOAR	RURAL	FIRE D	ROTECT	TON DI	57.	
	DOFD	RECTOR	POSIT	70N #	/	
District, Position or County: BOAR			must he entered	•		
District, Position or County: 36AR Description (present employment) If no r	elevant experien	ce, None or NA	most be entered			
	elevant experien	ce, None or NA	most be entered			
Occupation (present employment) If no r					d.	
ccupation (present employment) If no r	loyment) If no re	levant experien	ce, None or NA n ACHÈR	nust be entered	VDARY L	.EVEL-

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SEL 190

HUBBARD PLAN	-,-		
Campaign Finance Information (not applicable to Candidate Committee	o candidates for federal of	fice)	
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 und	erstand I must still keep
records of all campaign transactions and if total follow the requirements detailed in the Campa		penditures exceed \$750 during a	calendar year, I must
No, but will be filing a Statement of Organizat	-	ee (SEL 220).	
→ I will qualify for said office if elected → all information provided by me on this Warning Supplying false information on this form up to 5 years. (ORS 260.715). A person n (ORS 249.013 and ORS 249.170)	may result in conviction o	f a felony with a fine of up to \$12	25,000 and/or prison for
		3	-11-2015
		and found from the state of the	Date Signed
Canc			
Cand			
Canc			

CHURT NOWAM

rev 01/14 ORS 255.235

District			0,525,255
All information must be	completed or the form will be	rejected.	
This filing is an	Original	☐ A	mendment
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Candidate Information	16 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u>하고 하고 하다. 중요한 경우 보고 하다. 그는 요즘데</u> 그 글로 하고 구독하는 하나 하는 것은 하고 하고 있다.	
Name of Candidate	MI L	ast	Suffix Title
WILLIAM	' K '	DELSON	
•			
How you would like your nar			Suffix
First KEVIN	MI L	ast NECSON	Sullix
1200110			
Candidate Residence/Route	Address		
Street Address		City	State Zip
2145 D	ORSEY DR	HUBBIARD	OR 97032
Candidate Mailing Address			
Street Address or PO Box		City	State Zip
И		U	h A
I street a contract software		기 기계 (1) - 1: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Contact Information: Only on	Home Phone	Cell Phone	Fax
Work Phone	Hollie Lilone	503. 756.2	
Email Address		Web Site, if applicable	
Lavn)	sneyahoo		
N.C.VIII	3/16/0		
Filing Information			
Filling with the required \$1	.0.00 fee		
Prospective Petition			
Office Information			
Filing for Office of: Dire	ctor Hubbard	Rural Protection	Fire District
District, Position or County:	for position		
Occupation (present employe	ment) if no relevant experienc	e, None or NA must be entered.	
PIEDMONT	PLASTICS -	SALES REPRESE	NTATIVE
	enter in the other control of the		antavad
		evant experience, None or NA must be	
FLOOR COVE	SRING SALES	/ ICCSIDENIME	& COMMERCIAL
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SEL 190

Complete name of School (no acronyms)	f no relevant experience, Non Last Grade completed	Diploma/Degree/Certificate	Course of Study
WILSON HIGH SCHOOL		VPS	GENERA
WESTERN OREGON STA		NO NO	GEN/ RULL
			109 1001
Policy I have to			<u> </u>
Educational Background (other) Attach a sepa	rate sheet if necessary.	-	
	en e		
Prior Governmental Experience (elected or a	ppointed) If no relevant exper	lence, None or NA must be ente	red.
APPOINTED - CITY of	HUBBAKA - FI	LONNING COMMIS	SI ON BR
			
Campaign Finance information (not applicabl	e to candidates for federal of	fice)	
andidate Committee			
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$7	50 or receive more than \$750	during each calendar year. Lund	erstand I must still kee
records of all campaign transactions and if t	total contributions or total exp	enditures exceed \$750 during a	calendar year, I must
follow the requirements detailed in the Can			, .
No, but will be filing a Statement of Organi	zation for Candidate Committe	ee (SEL 220).	
almala methic da associate the control of the title			
CIANINA TRIC ANCIIMANT I NATABU STATA THAT:			
signing this document, I hereby state that:			
→ I will qualify for said office if elected			
		my knowledge	
→ I will qualify for said office if elected		my knowledge	
→ I will qualify for said office if elected		my knowledge	
 → I will qualify for said office if elected → all information provided by me on t Warning Supplying false information on this formation 	his form is true to the best of	a felony with a fine of up to \$1:	25,000 and/or prison fo
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→ I will qualify for sald office if elected → all information provided by me on t Warning Supplying false information on this for up to 5 years. (ORS 260.715). A perso (ORS 249.013 and ORS 249.170)	his form is true to the best of the best o	a felony with a fine of up to \$1:	3/19/15 Date Signed
→ I will qualify for sald office if elected → all information provided by me on t Warning Supplying false information on this for up to 5 years. (ORS 260.715). A perso (ORS 249.013 and ORS 249.170)	his form is true to the best of may result in conviction of n may only file for one lucration of the high state of the h	a felony with a fine of up to \$1:	3/19/15 Date Signed
→ I will qualify for sald office if elected → all information provided by me on t Warning Supplying false information on this for up to 5 years. (ORS 260.715). A perso (ORS 249.013 and ORS 249.170)	his form is true to the best of the best o	a felony with a fine of up to \$1:	3/19/15 Date Signed
→ I will qualify for sald office if elected → all information provided by me on t Warning Supplying false information on this for up to 5 years. (ORS 260.715). A perso (ORS 249.013 and ORS 249.170)	his form is true to the best of may result in conviction of n may only file for one lucration.	a felony with a fine of up to \$1:	3/19/15 Date Signed
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District					ORS 255.235
All information must be co	ompleted or the form w		ed.	nendment	
This filing is an	Į <u>⊠</u> į Ofigi	1101	المشر		
Candidate Information					
Name of Candidate				Suffix	Title
First	MI	Last	2020	Ms	}
Peggy	M	Ron	nane —————————	1013	
How you would like your nam	e to appear on the ball	ot			
First	Mi	Last		Suffix	
Peggy	<u>M</u>	Ror	mane		
Candidate Residence/Route A	ddrass				
	uui ess		City	State	Zip
Street Address 12855 Peggy's P	lace NE		Hubbard	OR	97032
Candidate Mailing Address					
Street Address or PO Box			City	State	Zip
12855 Peggy's Pl	ace NE		Hubbard	OR	97032
Contact Information: Only one		ired.	T - 11-1	Fax	
Work Phone	Home Phone		Cell Phone	ı	
none	503-784-5	272	503-784-5272	none	
Email Address			Web Site, if applicable		
peg.stvr@gmail.com					
Filing Information					
Filing with the required \$10	0.00 fee	· · · · · · · · · · · · · · · · · · ·			
Prospective Petition					
Office Information Filing for Office of: Position 2	Hubbard Fire District				
District, Position or County: H		<u> </u>			
			NA www.ho.optorod		
Occupation (present employn	nent) If no relevant exp	erience, Noi	ne or NA must be entered.		
financial services/bankii	ng				
Occupational Background (pre	nuique amplaymant) If	no relevant	experience, None or NA must b	oe entered.	
		HO I CICYUISE			
financial services/banki	ng				
•					



Continued on the reverse side of this form

SEL 190

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Complete name of School (no acronyms) Roseburg High School	12	diploma	varied
Organizational Courses	n/a	n/a	Sales
Organizational Courses	n/a	n/a	financial services
State of Oregon	n/a	Series 2	Insurance/investm
Educational Background (other) Attach a sepa	rate sheet if necessary.		

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

Current Board for Hubbard Fire District - 4 year term

Various Civic, Social, and School related organization boards and volunteer

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)

Date Signed

BILL URGESS COUNTY OF TWO

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itials

CC Approval Code/Receipt Number___

Candidate Filing

District

rev 01/14 ORS 255.235

Candidate Information Name of Candidate First Barbara Sue Ruiz How you would like your name to appear on the ballot First Barbara Sue Ruiz Candidate Residence/Route Address Street Address Street Address Street Address or PO Box PO, Box 112 Contact Information: Only one phone number is required. Work Phone Home Phone For Song Song Song Song Song Song Song Song	All information must be completed or the form will be	Amend	ment	
Name of Candidate First Barbara Sue Ruiz How you would like your name to appear on the ballot First Barbara Sue MI Last Ruiz Suffix Title How you would like your name to appear on the ballot First Barbara Sue Candidate Residence/Route Address Street Address	This filing is an	Amena	. ,	
Name of Candidate First Barbara Sue Ruiz How you would like your name to appear on the ballot First Barbara Sue MI Last Ruiz Suffix Title How you would like your name to appear on the ballot First Barbara Sue Candidate Residence/Route Address Street Address	Candidate Information			<u> </u>
Barbara Sue Ruiz How you would like your name to appear on the ballot First Barbara Sue Ruiz Candidate Residence/Route Address Street Address or PO Box P.O. Box 112 Contact Information: Only one phone number is required. Work Phone Home Phone So3 - 981 - 6074 Home Phone So3 - 981 - 782 Email Address Web Site, if applicable barbararuiz 829 @ gnew Com Filling myth the required \$10.00 fee Prospective Petition Office Information Office Info				<u> </u>
First Barbara Sue Ruiz Candidate Residence/Route Address Street Address Street Address Street Address Street Address City State Zip OR 9103 Candidate Mailing Address Street Address or PO Box P.O. Box 112 Contact Information: Only one phone number is required. Work Phone Home Phone Cell Phone Fax 503-981-6074 MA 503-951-7802 M/A Email Address Web Site, if applicable barbararuiz 829 @ grand Com Filling with the required \$10.00 fee Prospective Petition Office Information Filling with the regulated \$10.00 fee Prospective Petition Office Information Filling for Office of: District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears		ast Ruiz	Suffix	Title
First Barbara Sue Ruiz Suffix Candidate Residence/Route Address Street Address Street Address Street Address City State Zip OR 9103 Candidate Mailing Address Street Address or PO Box P.O. Box 1/2 State Zip OR 9703 Contact Information: Only one phone number is required. Work Phone Home Phone Cell Phone Fax 503-981-6074 NA 503-951-7802 N/n Email Address Web Site, if applicable barbararuiz 829 @ grand Comm Filling Information Filling with the required \$10.00 fee Prospective Petition Office information Filling round or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	How you would like your name to appear on the ballot	1 (**)		
Street Address 3392 St. St. State Zip OR 9703 Candidate Mailing Address Street Address or PO Box City State Zip OR OR OR OR OR OR OR O	First MI L	Rui 2	Suffix	
Candidate Mailing Address Street Address or PO Box City P.O. Box 1/2 Contact Information: Only one phone number is required. Work Phone Home Phone 503 - 981-6074 Mayears City City City State Zip OR 9703 Contact Information: Only one phone number is required. Work Phone Home Phone So 3 - 981-6074 Web Site, if applicable Web Site, if applicable Web Site, if applicable A bararuiz 829 @ grand Com Filling Information Filling with the required \$10.00 fee Prospective Petition Office Information Filling for Office of: District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	Candidate Residence/Route Address		 	
Candidate Mailing Address Street Address or PO Box P.O. Box 1/2 Auchbard OR 9703 Contact Information: Only one phone number is required. Work Phone Home Phone Cell Phone Fax 503-981-6074 N/A 503-951-7822 Email Address Bararuiz 829 @ g.newl Com Filling Information Filling with the required \$10.00 fee Prospective Petitlon Office Information Filling for Office of: District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	Street Address (4		1	
Street Address or PO Box P.O. Box 1/2 Contact Information: Only one phone number is required. Work Phone Home Phone So3-981-6074 N/A 503-951-7852 N/A Email Address Web Site, if applicable barbararuiz 829 @ g.Mc.il. Com Filling Information Filling with the required \$10.00 fee Prospective Petition Office Information Filling for Office of: District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	3392 / St.	Hubbard	OR_	9103.
Contact Information: Only one phone number is required. Work Phone Home Phone Cell Phone Fax 503-981-6074 NA 503-951-7822 Email Address Web Site, if applicable barbararuiz 829@gnewl Com Filling Information Filling with the required \$10.00 fee Prospective Petition Office Information Filling for Office of: District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	Candidate Mailing Address			
Contact Information: Only one phone number is required. Work Phone Home Phone Cell Phone Fax 503-981-6074 NA 503-951-7882 N/A Email Address Web Site, if applicable barbararuiz 829 @ grew Com Filling Information Filling with the required \$10.00 fee Prospective Petition Office Information Filling for Office of: District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	Street Address or PO Box	City	State	Į.
Contact Information: Only one phone number is required. Work Phone Home Phone 503-981-6074 MA 503-951-787 Email Address Web Site, if applicable barbararuiz 829 @ grand Com Filling Information Filling with the required \$10.00 fee Prospective Petition Office Information Filling for Office of: District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	P.O. Box 1/2	Hubbard	OR	97030
Work Phone Home Phone Home Phone Cell Phone Fax 503-981-6074 N/A 503-951-7872 N/A Email Address Web Site, if applicable barbararuiz 829 @ gnew Com N/A Filling Information Filling with the required \$10.00 fee Prospective Petition Office Information Filling for Office of: See ATTACHED GWAL Se District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears				
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Filing Information Filing with the required \$10.00 fee Prospective Petition Office Information Filing for Office of: District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	barbararuiz 829@gme	ul Com	///	
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Office Information Filing for Office of: District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears				
District, Position or County: Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	[] Prospective Petition			
Occupation (present employment) If no relevant experience, None or NA must be entered. Hubbard Shell & Towing Hoyears	Office Information			
Hubbard Shell & Towing Hoyears		Educat Se		
,	Occupation (present employment) If no relevant experienc	e, None or NA must be entered.		
Occupational Background (previous employment) if no relevant experience, None or NA must be entered.	Hubbard Shell & Towing	Hoyears		
Occupational Background (previous employment) if no relevant experience, None of NA must be entered.	a new na sin engantes, a sasa pangsa ara na sasa sa sa 1000 sasa sa 1	The same of the Market Line have be the tead	rod // Jan Alifa	
	Occupational Background (previous employment) if no rele	evant experience, None of NA must be ente	<u> </u>	
	N/A			

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Educational Background (schools attended) If no	o relevant experience, Non	e or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Vew Athens High School	104	N/A	Basic
hemeketa	Geo	6-8,0)	,
ducational Background (other) Attach a separat	e sheet if necessary.		
rior Governmental Experience (elected or appo	ointed) If no relevant exper		red.
Hubbard City Counced	1 - 2 yea	associated in the second	
Contract of			
ampaign Finance Information (not applicable to	candidates for federal of	fice)	
andidate Committee			·
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$750 or records of all campaign transactions and if total	or receive more than \$750	during each calendar year. I und	erstand I must still kee
follow the requirements detailed in the Campa		Jenditures exceed \$750 during a	calendar year, i must
No, but will be filing a Statement of Organizati		ee (SEL 220).	
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	
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Warning			
Supplying false information on this form			25,000 and/or prison fo
up to 5 years. (ORS 260.715). A person m (ORS 249.013 and ORS 249.170)	nay only file for one lucrati	ve office at the same election.	
(Ono 245.015 una Ono 245.170)	•		
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