

**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
Keith	A.	MUNN	MR.	—

How you would like your name to appear on the ballot			
First	MI	Last	Suffix
Keith	A.	MUNN	

Candidate Residence/Route Address			
Street Address	City	State	Zip
100 W. 2 ND STREET	Detroit	OR.	97342

Candidate Mailing Address			
Street Address or PO Box	City	State	Zip
P.O. Box 456	Detroit	OR.	97342

Contact Information: Only one phone number is required.			
Work Phone	Home Phone	Cell Phone	Fax
503-849-0787	503-730-7024	SAME	—
Email Address		Web Site, if applicable	
KAMUNN099@Yahoo.com			

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

Office Information
Filing for Office of: BOARD OF DIRECTOR #1 POSITION
District, Position or County: IDAHO Detroit Rural Fire Protection District

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

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.
WABASH NATIONAL TRAILER SERVICES INC.

Continued on the reverse side of this form

SEL 190

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time

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
Portland Comm. College			Auto-dictive
Jefferson High School	12	DIPLOMA	Gen. Studies
Woodlawn Charter School	8	DIPLOMA	Gen. 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.

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).

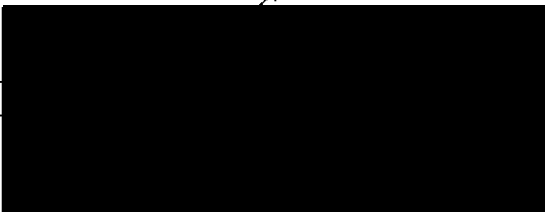
By signing this document, I hereby state that:

- 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)



3/14/2015
Date Signed

BILL JURGENS COUNTY CLERK
 CLERK
 15 MAR 18 09:10
 MARION COUNTY OFFICE
 DEPT 1

Mandy OLSEN

For Office Use Only

Initials

MO

CC Approval Code/Receipt Number

203477

Candidate Filing
District

SEL 190

rev 01/14
ORS 255.235

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

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
NADENE	HELEN	RINNER		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
NADENE	H.	RINNER	

Candidate Residence/Route Address

Street Address	City	State	Zip
155 SANTIAM AVE	DETROIT	OR	97342

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 594	DETROIT	OR.	97342

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	503-854-3754		

Email Address	Web Site, if applicable

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: IDANHA-DETROIT FIRE DEPARTMENT BOARD

District, Position or County: MARION COUNTY POSITION ONE 2yr TERM

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

Continued on the reverse side of this form

SEL 190

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AKA
CART

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
CRAWFORD High School	12 th	Diploma	

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.

2 YEARS ON BUDGET COMMITTEE FOR I DANHA-DETROIT FIRE DEPARTMENT

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

Candidate Committee

- Yes, I have a candidate committee.
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3/11/2015

Date Signed



15 MAR 16 19:54
 MARION COUNTY CLERK
 BILL CONNORS, COUNTY CLERK
 CLERK'S OFFICE
 203445

For Office Use Only Initials

[Handwritten initials]

CC Approval Code/Receipt Number

203445

Candidate Filing
District

SEL 190
rev 01/14
ORS 255.235

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

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First <i>Tamie</i>	MI <i>M</i>	Last <i>Jessen</i>	Suffix	Title
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How you would like your name to appear on the ballot

First <i>Tamie</i>	MI	Last <i>Jessen</i>	Suffix
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Candidate Residence/Route Address

Street Address <i>185 S. BuHe</i>	City <i>Detroit</i>	State <i>OR</i>	Zip <i>97342</i>
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Candidate Mailing Address

Street Address or PO Box <i>P.O. Box 13459</i>	City <i>Salem</i>	State <i>OR</i>	Zip <i>97309</i>
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Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone <i>503-559-3555</i>	Fax
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Email Address <i>tmi_testservices@msn.com</i>	Web Site, if applicable
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Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: *Board Director # 3 for Idanha-Detroit Rural Fire Protection District*
District, Position or County:

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

*Polygraph Examiner - private practice
TMI Test Services LLC*

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

*TMI Test Services LLC, 2005--present
Marion Co Sheriff's Office, Parole/Probation - Parole Officer 1994 - 2004*

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SEL 190

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90X

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
Oregon State University		B. A.	sociology
Oregon State University		32 credit hrs	general
Chemeketa Community College		24 credit hrs	general

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.

NA

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.
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3/17/15

Date Signed

DEPUTY

BILL WAGNER, COUNTY CLERK

15 MAR 18 P2:02

For Office Use Only

Initials

AG

CG Approval Code/Receipt Number

203486

Candidate Filing

SEL 190

rev 01/14
ORS 255.235

District

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

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First

John

MI

EDWIN

Last

MANTHE JR.

Suffix

Title

How you would like your name to appear on the ballot

First

John

MI

E

Last

MANTHE

Suffix

Candidate Residence/Route Address

Street Address

155 SANTIAM AVE

City

DETROIT

State

OR

Zip

97342

Candidate Mailing Address

Street Address or PO Box

P.O. Box 454

City

DETROIT

State

OR

Zip

97342

Contact Information: Only one phone number is required.

Work Phone

Home Phone

503-854-3754

Cell Phone

Fax

Email Address

Web Site, if applicable

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of:

Idanha - Detroit Fire Department - Board

District, Position or County:

MARION COUNTY POSITION THREE-4 YR TERM

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

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SEL 190

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GWA

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
LABANON UNION HIGH	12th	DIPLOMA	
OSU	Completed	DEGREE	ENGINEERING

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.

FOUR YEARS ON DETROIT IDAHO FIRE BOARD
TWO YEARS ON DETROIT CITY COUNCIL

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

Candidate Committee

- Yes, I have a candidate committee.
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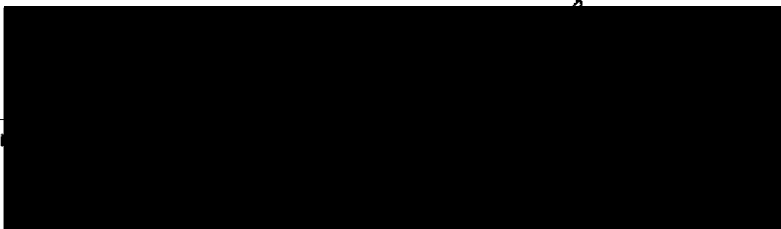
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Candidate's Sign



3/11/2015

Date Signed
15 MAR 16 19:54
MANN JUDICIAL CENTER
CLATSOP COUNTY CLERK
DEPUTY

CHEK 8125
203446

For Office Use Only

Initials

CC Approval Code/Receipt Number

203446

MAR 11 2015

SEL 190

rev 01/14
ORS 255.235**Candidate Filing**

District

? 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
Steven	R	Ruyle		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Steven	R	Ruyle	

Candidate Residence/Route Address

Street Address	City	State	Zip
125 Melgard Ct.	Detroit	OR	97342

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P. O. Box 410	Detroit	OR	97342

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	503-854-3524		

Email Address	Web Site, if applicable
ruylecabin@frontier.com	

Filing Information Filing with the required \$10.00 fee Prospective Petition**Office Information**

Filing for Office of: Board Director

District, Position or County: Idanha Detroit Rural Fire Protection District

Position 4 (see email)

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

NA

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

NA

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SEL 190

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TAN

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
Dayton High School	12th	Diploma	General

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.

Serving as Board Director of Idanha Detroit Rural Fire Protection District since September 2014 by appointment.

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

Candidate Committee

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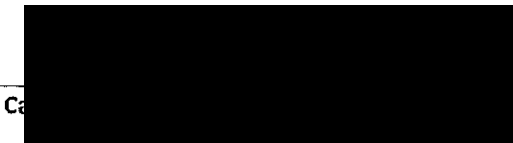
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3/7/15
Date Signed

For Office Use Only

Initials

[Handwritten initials]

CC Approval Code/Receipt Number

Check 7919
203472

10.00 cash included

MAR 09 2015

SEL 190

rev 01/14
ORS 255.235

Candidate Filing
District

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

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First Teresa	MI J	Last Richards	Suffix MS	Title
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How you would like your name to appear on the ballot

First Teresa	MI J	Last Richards	Suffix MS
-----------------	---------	------------------	--------------

Candidate Residence/Route Address

Street Address PO Box 482	City Detroit	State OR	Zip 97342
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Candidate Mailing Address

Street Address or PO Box 125 Butte	City Detroit	State OR	Zip 97342
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Contact Information: Only one phone number is required.

Work Phone	Home Phone N/A	Cell Phone 971 241 4854	Fax
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Email Address tjrichards-27@live.com	Web Site, if applicable N/A
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Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: IDREPD Board of Directors

District, Position or County: Marion Pos #5 SEE E-MAIL ATTACHMENT 5C

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

Mt. High Grocery

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

Retail management:
Rite Aid 24 years, GILCO 15 years

[Handwritten signature]

[Handwritten initials]

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
McMinnville High	12	none	general

Educational Background (other) Attach a separate sheet if necessary.
 PCC, CCC, Mt Hood CC, (Business, general studies, aviation)

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.

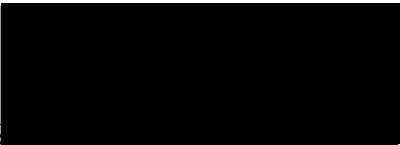
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3/4/2015

Date Signed

Candidate's Signature

FILED
 MARION COUNTY, OREGON
 15 MAR 18 9:03
 BILL THURGOOD, COUNTY CLERK
 DEPUTY

CASH
 203478

For Office Use Only Initials SEP

CC Approval Code/Receipt Number 203478