FILE & MARIOUCO.

District Candidate Filing Now To Mon 19

SEL 190

| 13 This information is a matter of public record and may be public | lished or reproduced. O Original O Amendment |
|---|---|
| Candidate Information | |
| Candidate Legal Name* | Candidate Name (As it should appear on ballot)* |
| THERH MICHAET BRAET | MIKE BRAET |
| F. 6 000 - 6 | District and/or position (if applicable)* POSITIPN #3 BURBAN RURAL TREPROTECTION DISTRICT |
| DIRECTOR #3-SALEMSUI | 2 UDRAN RURAL FIRE PROTECTION DISTRICT |
| Residence Address, Street/Route* | suispiro juisi cinci po la como in tra |
| 4760 ANDREA DRNW | |
| City* State* | Zip* County of Residence* |
| SAIFM ORFGON | 97304 POLK Cell Phone Fax 1 |
| Home Phone Work Phone | Cell Phone Fax |
| N/A N/A | 503-363-6581 1/4 |
| Email Address* Date of Election* | ^ / - |
| MCBRAETO YAHOO, COM | MAY 19, 2015 |
| Mailing Address (where all correspondence will be sent) Street | /Route* |
| 4760 ANDREADR NW | |
| City* SALEM State* R | Zip*97304 |
| * Indicates a required field. At least one phone number is als | |
| Filing Information | |
| Filing with the required \$10.00 fee. | |
| O Filing by petition with the required signature sheets. | |
| | |
| Required Information (if no relevant information, list "none") | |
| Occupation present employment - paid or unpaid (required) | |
| KETIRED | |
| Occupational Background previous employment - paid or unpa | |
| PORTLAND FIRE BURG | EAU - PAID |
| TORIDION TIME | |
| | |
| | |
| | |
| | |
| | |
| Educational Background schools attended, use attachment if ne | aded (required) |
| Complete Name of School (no acronyms) Last Grade Level | Diploma/Degree/Certificate Course of Study |
| Completed | (AA, BA, BS, MA, PhD, etc) optional |
| NECOTRIER 45 12 | |
| 1160 171121 11.01 | n A |
| PORTLAND COMM. COLEGE | AR |
| MARQUETTE UNIVERSITY | |
| (IN)VERSITY OF BRITISHC | 01.1111 BIIA |
| WANTERST / OF PATION | - Cur property |
| | |
| Other: | |
| | |

(continued)

SEL 190

| → I will qualify for sa → All information pro and prior governm Check the applicable By | vided by me on this for ental experience, is to | form, including my oc | | | | | | |
|---|---|--|--|---|---|---|---|----------|
| → I will qualify for sa → All information pro and prior governm Check the applicable By | id office if elected vided by me on this fo ental experience, is to | orm, including my oc | | | | en e | | |
| → I will qualify for sa → All information pro and prior governm Check the applicable By | id office if elected vided by me on this fo ental experience, is to | orm, including my oc | | | | ti i ngi ma | | |
| → I will qualify for sa → All information pro and prior governa Check the applicable By | id office if elected vided by me on this fo ental experience, is to | orm, including my oc | | | | | | |
| → I will qualify for sa → All information pro and prior governa Check the applicable By | id office if elected vided by me on this fo ental experience, is to | orm, including my oc | | | | .tv • | a de la companya de | |
| → I will qualify for sa → All information pro and prior governa Check the applicable By | id office if elected vided by me on this fo ental experience, is to | orm, including my oc | | | | .50 | 1 | |
| → I will qualify for sa → All information pro and prior governa Check the applicable By | id office if elected vided by me on this fo ental experience, is to | orm, including my oc | | ماد ماد مناده | | | | • |
| trar | box (not applicable marking this box, I cer 0 or receive more tha sactions and if total c uirements detailed in | rtify I do not have an an \$750 during each c contributions or total | ederal office existing cand calendar year. expenditures | · US Senate a ídate committe I understand I exceed \$750 d | nd US Repre ee and I do no must still kee | sentative): ot expect to spep records of | all campaig | an n |
| | marking this box, I cer nmittee (SEŁ 220). Fo | | | | | | r Candidate | <u></u> |
| up to 5 years, (0 10,000 electors | information on this fo DRS 260.715). No pers residing in the district | son may be a candida t. No person may be a | ate for more th | an one district | office, unless | the district h | as less tha | |
| at the same ele | ction. (ORS 249.013 a | nd ORS 249.170). | · | _ | | BILL BRGEED | 15 MR | MANUS CO |

For Office Use Only

Cash, Check Number, or credit card approval #

Z 0 3406 Receipt #

| District | | | | rev 01/14 ORS 255,235 |
|--------------------------------|--------------------------------|-------------------------------|-----------------------------------|---|
| All information must be | completed or the form will l | be rejected. | | 0113 233,233 |
| This filing is an | Original | | Amendment | |
| Candidate Information | · . | | | |
| Name of Candidate | | | | NAME OF THE OWNER OWNER OF THE OWNER |
| First | MI J. | Last | Suffix | Title |
| Dennis | | Scofield | Janim | Tide |
| How you would like your nam | ne to appear on the ballot | Santa Cara | | |
| First | MI | Last | Suffix | <u> </u> |
| Dennis | , I | Scofield | Julix | |
| Candidate Residence/Route A | Address | | | |
| Street Address | | City | Ctata | And a life matter than |
| 7501 Twin Fil | -Lane S. | Salem | State OR | 2ip 47304 |
| | | | | |
| Street Address or PO Box | | City | State | Zip |
| Same | | | 1 | 1 |
| Contact Information: Only one | phone number is required. | | nt Valle Valle Valle value of the | |
| Work Phone | Home Phone | Cell Phone | Fax | ro . |
| | 503-363-8183 | 503-551-94 | 69 | S G |
| Email Address | | Web Site, if applicable | | UN MAR |
| twinfin 1 em | SN. COM | , | , 1 | 1-2 |
| iling Information | | |) E | 70 |
| Filing with the required \$10. | 00 fee | | | 1 0 |
| Prospective Petition | | | | |
| Office Information | | | | |
| iling for Office of: Salem. | Suburban Rural 7 | Fire Protection Dist | nict Road of Dia | 92/945 |
| istrict, Position or County: | 杆门 | | ici, issava of Diri | 55-4017 |
| ccupation (present employme | nt) If no relevant experience, | None or NA must be entered. | | |
| Current Preside Board of D | mt of Salem Si | uburban Rural Fi | re Protection Dis | strict |
| cupational Background (previ | ous employment) If no relev | ant experience, None or NA mu | st be entered. | |
| | | | | |
| Na | | | | |
| | | | | |

ociety

| Complete name of School ind acronymes | Last Grade completed | e or NA must be entered. Diploma/Degree/Certificate | Course of Study |
|--|--|--|---|
| Complete name of School (no acronyms) | Last Grade completed | Dipiornal Degree/Certificate | codise of study |
| 4 F | | | |
| | | | |
| | | | |
| Educational Background (other) Attach a sepa | rate sheet if necessary. | | |
| | | | |
| Prior Governmental Experience (elected or ap | pointed) If no relevant expe | ience, None or NA must be ente | red. |
| Served past 5 years on of Directors | Salem Suburba | ~ Rural Fire Protec | Aion Board |
| Campaign Finance Information (not applicable | e to candidates for federal of | fice) | |
| | | | 医维罗克氏性骨髓后皮管 化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基 |
| Yes, I have a candidate committee. | | | |
| Yes, I have a candidate committee. | otal contributions or total ex npaign Finance Manual. | penditures exceed \$750 during a | |
| Yes, I have a candidate committee. No, I do not expect to spend more than \$75 records of all campaign transactions and if t follow the requirements detailed in the Cam No, but will be filing a Statement of Organiz | otal contributions or total ex npaign Finance Manual. | penditures exceed \$750 during a | |
| Yes, I have a candidate committee. No, I do not expect to spend more than \$75 records of all campaign transactions and if t follow the requirements detailed in the Cam No, but will be filing a Statement of Organiz | otal contributions or total ex npaign Finance Manual. ation for Candidate Committ | penditures exceed \$750 during a | |
| Yes, I have a candidate committee. No, I do not expect to spend more than \$75 records of all campaign transactions and if t follow the requirements detailed in the Cam No, but will be filing a Statement of Organize signing this document, I hereby state that: | otal contributions or total ex npaign Finance Manual. ration for Candidate Committ | penditures exceed \$750 during a | |
| No, I do not expect to spend more than \$75 records of all campaign transactions and if t follow the requirements detailed in the Cam No, but will be filing a Statement of Organiza signing this document, I hereby state that: — I will qualify for said office if elected. | otal contributions or total ex npaign Finance Manual. tation for Candidate Committ his form is true to the best of rm may result in conviction o | penditures exceed \$750 during a ee (SEL 220). my knowledge f a felony with a fine of up to \$1 | calendar year, I must |
| Yes, I have a candidate committee. No, I do not expect to spend more than \$75 records of all campaign transactions and if t follow the requirements detailed in the Cam No, but will be filing a Statement of Organization of this document, I hereby state that: I will qualify for said office if elected all information provided by me on the working Warning Supplying false information on this for up to 5 years. (ORS 260.715). A person | otal contributions or total ex npaign Finance Manual. tation for Candidate Committ his form is true to the best of rm may result in conviction o | penditures exceed \$750 during a ee (SEL 220). my knowledge f a felony with a fine of up to \$1: ve office at the same election. | calendar year, I must |

For Office Use Only Initials

#

CC Approval Code/Receipt Number 203407

| Candidate Information | • • • • • • • • • • • • • • • • • • • | | and the second of the second of |
|---|---------------------------------------|-----------------------------|---------------------------------------|
| On a district to the state of | | | |
| Candidate Legal Name* | Candidat | te Name (As it should app | 100 |
| KOBENI C GYOVC | KO | bert (G | <u>- U-U-U-</u> |
| | 11.1.1 | nd/or position (if applicat | ole)* |
| | station by that | SKIPD TOST | - Oy #S |
| Residence Address, Street/Route* | / ~ | | |
| ISH TOWN FIX | ln S | | |
| City* | State* Zip* | County of Re | sidence* |
| -or len | OR OT | 506 Mai | Y ON |
| Home Phone Work Ph | one Cell P | hone | Fax |
| 502 3 <i>62-6</i> 288 - 80 | 3 581-7788 57 | 13 John 22/06 | |
| Email Address* | Date of Election* | <u> </u> | |
| ranve glaboadlan | Man 1 | 3 7015 | |
| Mailing Address (where all correspondence | will be sent) Street/Boute* | 1 2010 | · · · · · · · · · · · · · · · · · · · |
| 7511 Twin Fir 6 | | | ÿ |
| , , , | State* Zip* | 1 — n n d | |
| Salem | OR I Zip" | 17306 | ⁷⁷⁷ to |
| * Indicates a required field. At least one ph | one number is also required. | | 7=: |
| Filing Information | | | MARION 15 M |
| Filing with the required \$10,00 fee. | | ' | |
| | | | |
| O Filing by petition with the required signat | ure sheets. | | 3 5 Sign |
| ANNUAL CONTRACTOR OF THE STATE | | | |
| Required Information (if no relevant informa | · | D.M. | 14 12 章 |
| Occupation present employment paid or u | npaid (required) | 1 / Tel | |
| CPH SMR | philder in Or | ave, Windles | 1 # SYANE P.C |
| Occupational Background previous employn | nent – paid or unpaid (required |) | |
| 1642 1000 1051 | 10015 | 1 - 76 | 1100 |
| Have been with | 9 0111 45 | 101 5(D) | nkais |
| | • | | |
| | | | • |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Edward Dadwyn daelau daelau daela | | | |
| Educational Background schools attended, us | • | | Carryan of Structure |
| Complete Name of School (no acronyms) L | ast Grade Level Diplon | na/Degree/Certificate | Course of Study |
| Complete Name of School (no acronyms) L | ast Grade Level Diplon | | Course of Study optional |
| Complete Name of School (no acronyms) L | ast Grade Level Diplon | na/Degree/Certificate | • |
| Complete Name of School (no acronyms) L | ast Grade Level Diplon | na/Degree/Certificate | • |
| Complete Name of School (no acronyms) L | ast Grade Level Diplon | na/Degree/Certificate | • |
| Complete Name of School (no acronyms) L | ast Grade Level Diplon | na/Degree/Certificate | • |
| Complete Name of School (no acronyms) L | ast Grade Level Diplon | na/Degree/Certificate | • |
| Complete Name of School (no acronyms) L | ast Grade Level Diplon | na/Degree/Certificate | • |
| Complete Name of School (no acronyms) L | ast Grade Level Diplon | na/Degree/Certificate | • |

| | relevant information, list "r ence elected or appointed (r | anuluad) | | |
|---|---|--|--|--|
| Have be | en on the | SSRFPD | Board o | it is |
| Direc | tors for | over 25 | 5 years | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| By signing this document, | I hereby certify that | | the second of the second of | 2.5 |
| → I will qualify for said office→ All information provided b | e if elected | | nal and occupational backgro | ound, |
| \$750 or red transaction requiremen | g this box, I certify I do not hat beive more than \$750 during of the sand if total contributions or that detailed in the 2012 Camp | ve an existing candidate each calendar year. I und total expenditures excee paign Finance Manual. | committee and I do not exp erstand I must still keep rec ad \$750 during a calendar ye | ect to spend more than ords of all campaign ear, I must follow the |
| O By marking Committee | g this box, I certify that I have a (SEL 220). For detailed instru | already filed or will soon uctions, see the 2012 Car | file a Statement of Organiz mpaign Finance Manual. | ation for Candidate |
| | <u>, , , , , , , , , , , , , , , , , , , </u> | | | · |
| | `. | | | |
| up to 5 years. (ORS 26 10,000 electors residin | ation on this form may result i 0.715). No person may be a ca g in the district. No person ma ORS 249.013 and ORS 249.17 | andidate for more than on ay be a candidate for more | ie district office, unless the c | district has less than |
| | | | | |
| | • | | | |
| | | | 3-10- | 15 |
| Cand | | t | Date Signed | ; |
| | | · · · · · · · · · · · · · · · · · · · | | |
| For Office Use Only | | | | |
| | | 1.00 | | J03400 |
| Initials VI | Cash,)Chec | k Number, or credit card | abbional # | neceipt # |