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District	•					
All information must be complet	ed or the form w	ill be rejec	ted.			
This filing is an	Origi			Amendme	nt	
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Candidate Information	·			en e		
Name of Candidate		Lost			Suffix	Title
First	WI MI	Last 必	OBINSON		Julia	ļ ••••
FLOUD	Ν,	/ </td <td>7/)[/\-\(\)</td> <td></td> <td></td> <td></td>	7/)[/\-\(\)			
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First	MI	Last	,		Suffix	
FLORD "NICK"	·	Ro	BINSON			
Candidate Residence/Route Address						
Street Address			City		State	Zip
409 ADAMSINE.			SILVENTON		OR.	97381
Candidate Mailing Address	gas Berryan en en en en besterne	Jana Professor (K.)				
Street Address or PO Box			City		State	Zip
409 ADMY NE			SILVENDON		DR	97381
(0,( ))DAA(2 LIAK						
Contact Information: Only one phone	number is requi	red.		and constant	<del>:</del>	A Barbara Company
Work Phone Ho	me Phone		SO3. 871-65	Fa 753	x 	
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BIGNICK ROBINSON PGA	VAIL COM					
Filing Information						
Filing with the required \$10.00 fee	)					
Prospective Petition						
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Office Information Filing for Office of: DIRETOL D	De Carrier De	or eries				
District, Position or County: 51406	MENT FIRE	このでな				
Occupation (present employment) If						
RETIRED, PART-TIME	<b>.</b>					
Occupational Background (previous	employment) if n	o relevant	experience, None or NA m	ust be entered	d	
MARKETING AND SA	LES					

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Educational Background (schools attended) If Complete name of School (no acronyms)	no relevant experience. Non	· · · · · · · · · · · · · · · · · · ·	
Complete name of School (no acronyms)	no relevant experience, Itoli	e or NA must be entered.	
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Educational Background (other) Attach a separ	ate sheet if necessary.		
Prior Governmental Experience (elected or ap	nointed) If no relevant owner	iones Alens - Ald	
	Political II no televant exper	ience, None of IVA must be enter	ea,
BOARD MEMBER SILVENTO	N FIRE DIST		
70 12 7 1E 10 00 00 7 1 1 1 1 1 1	1 120 1111		
Campaign Finance Information (not applicable	to candidates for federal of	ice)	
Candidate Committee			
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$750	Or raceiva more than \$750	doute a seed set of the	
records of all campaign transactions and if to	tal contributions or total eyn	ouring each calendar year. I unde	erstand I must still keep
follow the requirements detailed in the Camp	paign Finance Manual.	endicales exceed \$750 duling a	calendar year, i must
No, but will be filing a Statement of Organiza		ee (SEL 220).	
			<u> </u>
signing this document, I hereby state that:			
→ I will qualify for said office if elected			
→ all information provided by me on this	is form is true to the best of a	ny knowledge	
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Warning Supplying false information on this form			
Subblying igree information of full foll	n may result in conviction of	a felony with a fine of up to \$12!	F 000
up to 5 years, (OR\$ 260.715). A person.	may only file for one lucrativ	a office at the same election	5,000 and/or prison for
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Pa. Dx 146			South Mills	ত্ <u>দ</u>	965
Contact Information: Only one phone	e number is requi	red.	. The state of the		
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