Continued on the reverse side of this form

rev 01/14 ORS 255,235

This filing is an	Original	ginal	[Amendment	
Candidate Information					
Name of Candidate		- F		Cuffiv	Title
First	MI	Last	I	Suffix	Title
Edward	Α	Hui	mber		
How you would like your name to	appear on the ba	llot			
First	MI	Last		Suffix	
Edward	Α	Hu	mber		
Candidate Residence/Route Addr	ess				
Street Address			City	State	Zip
5292 Delaney Rd.	SE		Turner	OR	97392
Candidate Mailing Address					
Street Address or PO Box			City	State	Zip
P.O. Box 215		·	Turner	OR	97392
Contact Information: Only one ph	one number is requ	uired.			
Work Phone	Home Phone		Cell Phone	Fax	
(503) 363-9227	(503) 743	-3687	(505) 910-80	36	
Email Address		-	Web Site, if applicable		
ehumber@aol.com					
Filing Information				170	<u></u>
Filing with the required \$10.00	fee				У
Prospective Petition				<i>6</i> 1	N N
Office Information					7
Filing for Office of: Board of Directo	r Position 1				
District, Position or County: District	Turner Fil	16		B 5	0 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Occupation (present employment) If no relevant exp	erience, No	ne or NA must be entered.		
Multi / Tech Engineering S	ervices Inc. , F	roject Co	oordinator		
Occupational Background (previous	us employment) If	no relevant	experience, None or NA m	ust be entered.	
General Contracting					
Ochoral Contracting					



Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Linn Benton Community College	12+	Degree	Automotive Techno
Linn Benton Community College	12+	Degree	Heavy Equipment
Cascade High School	12	Diploma	General Study
Educational Background (other) Attach a separ	ate sheet if necessary.		<u> </u>

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

Board of Directors, Position 1, Turner Fire District

Campaign Finance Information	(not applicable to candida	ates for federa	l 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

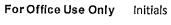


Warning

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 249.170)



3/3/15 Date Signed





Candidate Filing

Calluluate	ı	11
District		
-		

rev 01/14 ORS 255.235

All information mu	ust be completed or the form w	rill be rejected.			
This filing is an	Origin	Original Amendmen			
Candidate Information	1				
Name of Candidate		Lock	Sui		Title
First	MI	Cullodgo	1 34		1
David		Gulledge			
How you would like yo	our name to appear on the ballo	ot			
First	MI	Last	Su	ffix	
Dave		Gulledge			
Candidate Residence/i	Route Address				
Street Address	TOUTO / Mail out	City	Sta	ate	Zip
6720 Redsto	ne St	Turner	Ċ	R	97392
Candidate Mailing Add		1211101		•	
Street Address or PO B		City	Sta	ete	Zip
6720 Redsto		Turner	ٔ ر	R	97392
Work Phone	Only one phone number is requi Home Phone	Cell Phone 503-409-7371	Fax		
Email Address		Web Site, if applicable			
davegulledge@ho	tmail.com				
Filing Information	1 1640.00 (
Filing with the requ					
Prospective Petition	1				
Office Information					
Filing for Office of: Dire					
District, Position or Cou	unty: Turner Fire District, Position	13			
		erlence, None or NA must be entered.			
Turner Fire Distric	t Director (2011-present	t); Oregon Office of State Fire M	arshal, Anal	lytics 8	ķ
Intelligence Progra	am Coordinator (2010-pi	resent).			
Occupational Backgrou	and (previous employment) If r	no relevant experience, None or NA must l	be entered.		

Instructor at the National Fire Academy; State of Oregon, Management Service; City of Salem, Senior Enforcement Officer and Analyst; Turner Fire District, Firefighter; U.S. Federal Reserve, Federal Police Officer; City of East Spencer Fire Department, Captain/EMS Coordinator; Cooleemee Fire Department, Firefighter/Training Officer; Higgs Ambulance, EMT; Char-Meck Ambulance, EMT; Woodleaf Fire Department, Firefighter/EMT; Scotch Irish Fire Department, Firefighter/EMT.

V

SEL 190

Educational Background (schools attended) if no	relevant experience. Non	ne or NA must be entered		
I Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study	
Davie County High School	12	Diploma	General Studies	
Rowan/Cabarrus Community College		Certificate	Emergency Service	
Rio Hondo College - Police Academy		Certificate	Supervision	
Oregon State University		Certificate	Computers	
Educational Background (other) Attach a separate	sheet if necessary.		Computers	
Santiam Fire Academy, Graduate; Federal Law Enfo	rcement Academy, Gradual	te; National Fire Academy, Gradua	ate.	
Prior Governmental Experience (elected or appo				
Director of the National Fire Informatio Turner City Council Member; Turner B	udget Committee M	ember.	Jaiety Committee,	
Campaign Finance Information (not applicable to	candidates for federal of	fice)		
Candidate Committee				
Yes, I have a candidate committee.				
No, I do not expect to spend more than \$750 o records of all campaign transactions and if total follow the requirements detailed in the Campai	contributions or total exp	during each calendar year. I und penditures exceed \$750 during a	erstand I must still keep calendar year, I must	
No, but will be filing a Statement of Organization	on for Candidate Committe	ee (SEL 220).		
y signing this document, I hereby state that: → I will qualify for said office if elected → all information provided by me on this f	orm is true to the best of	my knowledge		
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma	may result in conviction of ay only file for one lucrativ	a felony with a fine of up to \$12 we office at the same election.	5,000 and/ox prisografor	

For Office Use Only Initials

for one lucrative office at the same election.

3/5/2015

Date Signed

CC Approval Code/Receipt Number Ray 203416