## Candidate Filing District

## Marion Co. - Counter

MAR 12 2019

SEL 190 rev 01/16 ORS 255.235

| All information must be completed or the form will be rejected.   |                         |                |                         |                  |        |                      |  |
|---|-------------------------|----------------|-------------------------|------------------|--------|----------------------|--|
| This filing is an   | Origi                   | inal           |                         | Amendment        |        |                      |  |
| Office Information  |                         |                |                         |                  |        |                      |  |
| Filing for Office of: Director  |                         |                |                         |                  |        |                      |  |
| District, Position or County: Sal   | em Suburban             | RFPD -         | position #5             |                  |        |                      |  |
| Filing Information  |                         |                |                         |                  |        |                      |  |
| Filing with the required \$10.0   | 00 fee                  |                |                         |                  |        |                      |  |
| Prospective Petition  |                         |                |                         |                  |        |                      |  |
| Candidate Information   |                         |                |                         |                  |        |                      |  |
| Name of Candidate   |                         |                |                         |                  |        |                      |  |
| First<br>Robert   | MI                      | Grove          | Grove                   |                  | Suffix | Title                |  |
| Nobelt  |                         | Olove          |                         |                  |        | <del></del>          |  |
| How you would like your name  | to appear on the ball   | ot             |                         |                  |        |                      |  |
| Robert C Grove  |                         |                |                         |                  |        |                      |  |
|   |                         |                |                         |                  |        |                      |  |
| Candidate Residence/Route Add   | dress                   |                |                         |                  |        |                      |  |
| Street Address  |                         |                | City<br>Salem           |                  | State  | <sup>Zip</sup> 97306 |  |
| 7011 Will Hall C  |                         |                |                         |                  | 97300  |                      |  |
| Candidate Mailing Address and Contact Information: Only one phone number is required.  Street Address or PO Box  City  State  Zip |                         |                |                         |                  |        |                      |  |
| 7511 Twin Fir Ln S  |                         |                | Salem                   |                  | OR     | 97306                |  |
| Work Phone  | Home Phone              |                | Cell Phone 503-569-2266 | Fax              | 1      |                      |  |
| Email Address  Web Site, if applicable  rgrove9696@aol.com  |                         |                |                         |                  |        |                      |  |
|   | -X-16                   |                |                         |                  |        |                      |  |
| Occupation (present employme  | nt) If no relevant expe | erience, None  | or NA must be entered.  |                  |        |                      |  |
| CPA   |                         |                |                         |                  |        |                      |  |
|   |                         |                |                         |                  |        |                      |  |
| Occupational Background (previ  | ous employment) If r    | no relevant ex | perience, None or NA m  | nust be entered. |        |                      |  |
| N/A   |                         |                |                         |                  |        |                      |  |
| 1477  |                         |                |                         |                  |        |                      |  |
|   |                         |                |                         |                  |        |                      |  |
|   |                         |                |                         |                  |        |                      |  |
|   |                         |                |                         |                  |        |                      |  |

| Educational Background (schools attended) If  | no relevant experience, Non                               | e or NA must be entered.          |  |
|---|---|-----------------------------------|--|
| Complete name of School (no acronyms)         | Last Grade completed                                      | Diploma/Degree/Certificate        | Course of Study  |
| Oregon State University                       |   | BS Business                       | Accounting   |
|   |   |                                   |  |
|   |   |                                   |  |
|   |   |                                   |  |
| Educational Background (other) Attach a separ | ate sheet if necessary.                                   |                                   |  |
|   |   |                                   |  |
| Prior Governmental Experience (elected or ap  | unginted) If no relevant even                             | rience None or NA must be ente    | red  |
| Prior Governmental Experience (elected of ap  | pointed) if no relevant expe                              | mence, None of NA mast be chic    | reu.   |
| Board Member of SSRFPD for over               | 30 years  |                                   |  |
|   |   |                                   | ,  |
| Campaign Finance Information (not applicable  | e to candidates for federal o                             | ffice)                            |  |
| Candidate Committee                           |   |                                   |  |
| Yes, I have a candidate committee.            |   |                                   |  |
|   | 50  | during each calendar year Lun     | المراجعين التناف المراجعين المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع |
| No, I do not expect to spend more than \$75   |   |                                   |  |
| records of all campaign transactions and if   | total contributions or total ex                           |                                   |  |
|   | total contributions or total ex<br>npaign Finance Manual. | xpenditures exceed \$750 during a |  |

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)

Candidate's Signature



7511 TWIN FIR LN S

18416020 779

ROBERT C GROVE **SALEM OR 97306**