

**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
STEVE	M	LAUE		MR.

How you would like your name to appear on the ballot

First	MI	Last	Suffix
STEVE	M	LAUE	

Candidate Residence/Route Address

Street Address	City	State	Zip
2433 ALLAN AVE.	HUBBARD	OR	97032

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
2433 ALLAN AVE.	HUBBARD	OR	97032

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
		(503)989-7187	

Email Address: steve1@wbcable.net

Web Site, if applicable:

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of: HUBBARD RURAL FIRE PROTECTION DIST.
District, Position or County: BOARD OF DIRECTOR POSITION #1

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.

RETIRED PUBLIC SCHOOL TEACHER (SECONDARY LEVEL-1974-2014) 40 YEARS AT NORTH MARION SCHOOL DIST.

Continued on the reverse side of this form

SEL 190

DV

CCWA
GAP

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
COQUILLE HIGH SCHOOL	12	HS DIPLOMA	
OREGON STATE UNIVERSITY		BACHELOR	EDUCATION
OREGON STATE UNIVERSITY		MASTERS	EDUCATION
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.

HUBBARD PLANNING COMMISSION

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)

Candidate _____ Date Signed 3-11-2015

For Office Use Only Initials AS CC Approval Code/Receipt Number 203439

FILED MAR 13 12:21 MANNING COUNTY OREGON

DEPUTY BILL JURGESS, COUNTY CLERK

**Candidate Filing
District**

SEL 190

rev 01/14
ORS 255.235

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Candidate Information				
Name of Candidate				
First	MI	Last	Suffix	Title
WILLIAM	K	NELSON		

How you would like your name to appear on the ballot				
First	MI	Last	Suffix	
KEVIN		NELSON		

Candidate Residence/Route Address				
Street Address	City	State	Zip	
2145 DORSEY DR	HUBBARD	OR	97032	

Candidate Mailing Address				
Street Address or PO Box	City	State	Zip	
"	"	"	"	

Contact Information: Only one phone number is required.				
Work Phone	Home Phone	Cell Phone	Fax	
		503.756.2892		
Email Address		Web Site, if applicable		
kevn1s@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:	Director Hubbard Rural Protection Fire District
District, Position or County:	Position 2

Occupation (present employment) If no relevant experience, None or NA must be entered.	
PIEDMONT PLASTICS - SALES REPRESENTATIVE	

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.	
FLOOR COVERING SALES / RESIDENTIAL & COMMERCIAL INDUSTRIES	

Continued on the reverse side of this form

SEL 190

DW

OCUR
EPA

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
WILSON HIGH SCHOOL	12	YES	GENERAL
WESTERN OREGON STATE		NO	GEN/BUSINESS
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.
 APPOINTED - CITY of HUBBARD - PLANNING COMMISSIONER

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

Candidate Committee

Yes, I have a candidate committee.

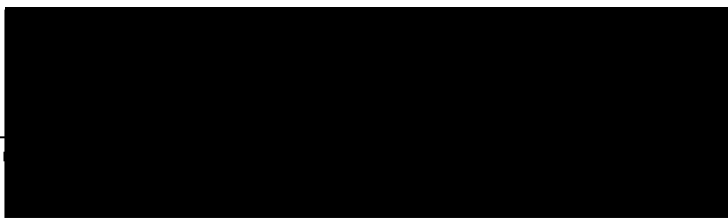
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3/19/15
 Date Signed

DEPT. OF
 BILL JUNGERS, COUNTY CLERK

15 MAR 19 P 3:28

For Office Use Only

Initials

AO

CC Approval Code/Receipt Number

203507

**Candidate Filing
District**

SEL 190

rev 01/14
ORS 255.235

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Peggy	M	Romane	Ms	

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Peggy	M	Romane	

Candidate Residence/Route Address

Street Address	City	State	Zip
12855 Peggy's Place NE	Hubbard	OR	97032

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
12855 Peggy's Place NE	Hubbard	OR	97032

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
none	503-784-5272	503-784-5272	none
Email Address peg.stvr@gmail.com		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Position 2 Hubbard Fire District

District, Position or County: Hubbard Fire District

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

financial services/banking

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

financial services/banking

Continued on the reverse side of this form

SEL 190

DV

OCV
STV

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
Roseburg High School	12	diploma	varied
Organizational Courses	n/a	n/a	Sales
Organizational Courses	n/a	n/a	financial services
State of Oregon	n/a	Series 2	Insurance/investment
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.

Current Board for Hubbard Fire District - 4 year term
 Various Civic, Social, and School related organization boards and volunteer

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

Candidate Committee

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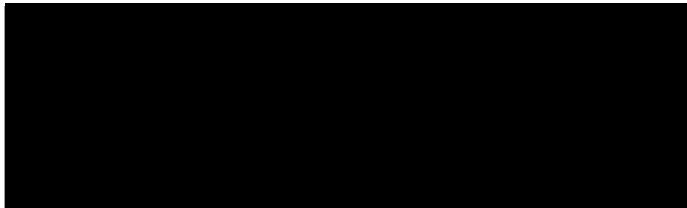
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9/17/15
 Date Signed

BILL JORGENSEN, COUNTY CLERK
 15 MAR 19 P2:54
 CHIC/DEPT 1564
 203505

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EPD

CC Approval Code/Receipt Number

Candidate Filing
District

SEL 190

rev 01/14
ORS 295.235

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Original

Amendment

Candidate Information				
Name of Candidate				
First	MI	Last	Suffix	Title
Barbara	Sue	Ruiz		

How you would like your name to appear on the ballot				
First	MI	Last	Suffix	
Barbara	Sue	Ruiz		

Candidate Residence/Route Address				
Street Address	City	State	Zip	
3392 1st St.	Hubbard	OR	97032	

Candidate Mailing Address				
Street Address or PO Box	City	State	Zip	
P.O. Box 112	Hubbard	OR	97032	

Contact Information: Only one phone number is required.				
Work Phone	Home Phone	Cell Phone	Fax	
503-981-6074	N/A	503-951-7882	N/A	
Email Address		Web Site, if applicable		
barbararuiz829@gmail.com		N/A		

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

Office Information	
Filing for Office of:	SEE ATTACHED EMAILS
District, Position or County:	

Occupation (present employment) if no relevant experience, None or NA must be entered.	
Hubbard Shell & Towing	40 years

Occupational Background (previous employment) if no relevant experience, None or NA must be entered!	
N/A	

DV

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
New Athens High School	10 th	N/A	Basic
Chemeketa	Ged	G-ED	
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.
 Hubbard City Council - 2 years

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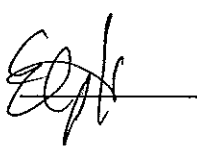
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Candidate: 

Date Signed: 2-2-15

FILED
 MAR 18 12:36 PM
 BILL JUREDA, COUNTY CLERK
 DEPUTY

For Office Use Only Initials 

2268754388
 203485
 CC Approval Code/Receipt Number