

District Candidate Filing

This information is a matter of public record and may be published or reproduced. Original Amendment

Candidate Information

Candidate Legal Name*

Candidate Name (As it should appear on ballot)*

JOSEPH MICHAEL BRAET

MIKE BRAET

Filing for Office of*

District and/or position (if applicable)* POSITION #3

DIRECTOR #3 - SALEM SUBURBAN RURAL FIRE PROTECTION DISTRICT

Residence Address, Street/Route*

4760 ANDREA DR NW

City*

State*

Zip*

County of Residence*

SALEM

OREGON

97304

WOLK

Home Phone

Work Phone

Cell Phone

Fax

N/A

N/A

503-363-6581

N/A

Email Address*

Date of Election*

MCBRAET@YAHOO.COM

MAY 19, 2015

Mailing Address (where all correspondence will be sent) Street/Route*

4760 ANDREA DR NW

City*

State*

Zip*

SALEM

OR

97304

* Indicates a required field. At least one phone number is also required.

Filing Information

Filing with the required \$10.00 fee.

Filing by petition with the required signature sheets.

Required Information (if no relevant information, list "none")

Occupation present employment - paid or unpaid (required)

RETIRED

Occupational Background previous employment - paid or unpaid (required)

PORTLAND FIRE BUREAU - PAID

Educational Background schools attended, use attachment if needed (required)

Complete Name of School (no acronyms)

Last Grade Level Completed

Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)

Course of Study optional

NEW TRIER H.S.

12

PORTLAND COMM. COLLEGE

AA

MARQUETTE UNIVERSITY

UNIVERSITY OF BRITISH COLUMBIA

Other:

Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)

SALEM SUBURBAN RFPD, - INCUMBENT

By signing this document, I hereby certify that:

- I will qualify for said office if elected
- All information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box (not applicable to candidates for federal office - US Senate and US Representative):

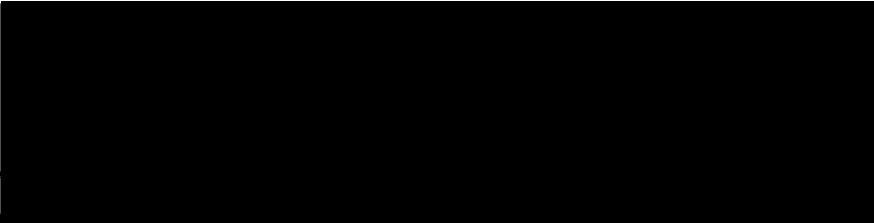
- By marking this box, I certify I do not have an existing candidate committee and I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the 2012 Campaign Finance Manual.
- By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the 2012 Campaign Finance Manual.

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). No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013 and ORS 249.170).

FILED
MARION COUNTY CLERK
15 MAR -2 10:21
BILL JURGESS, COUNTY CLERK

2-19-2015
Date Signed



For Office Use Only

Initials

CHK 7675

Cash, Check Number, or credit card approval #

203406

Receipt #

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 Dennis	MI J.	Last Scofield	Suffix	Title
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How you would like your name to appear on the ballot

First Dennis	MI	Last Scofield	Suffix
-----------------	----	------------------	--------

Candidate Residence/Route Address

Street Address 7501 Twin Fir Lane S.	City Salem	State OR	Zip 97306
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Candidate Mailing Address

Street Address or PO Box Same	City	State	Zip
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Contact Information: Only one phone number is required.

Work Phone	Home Phone 503-363-8185	Cell Phone 503-551-9469	Fax	15 MAR -2 19:36
Email Address twinfir1@msn.com	Web Site, if applicable			DEPUTY

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of: Salem Suburban Rural Fire Protection District, Board of Directors
District, Position or County: #4

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

Current President of Salem Suburban Rural Fire Protection District Board of Directors

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

Na

Continued on the reverse side of this form

SEL 190

FILED
MAR 15 2014
CLERK
MAYNOR COUNTY, OREGON

26

OCUPY

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
NA			

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.

Served past 5 years on Salem Suburban Rural Fire Protection Board of Directors

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).

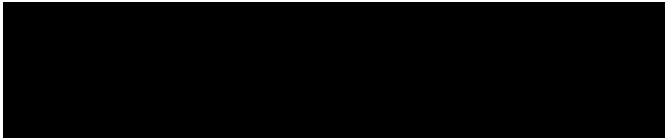
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- all information provided by me on this form is true to the best of my knowledge



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3-1-15

Date Signed

For Office Use Only

Initials

J

CC Approval Code/Receipt Number

703407

\$10.00 cash

District Candidate Filing

SEL 190
rev 1/12: ORS 255.235

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Candidate Information

Candidate Legal Name*

Robert C Grove

Candidate Name (As it should appear on ballot)*

Robert C Grove

Filing for Office of*

Salem Suburban

District and/or position (if applicable)*

SSRFPD Position #5

Residence Address, Street/Route*

7511 Turin Fir Ln S

City*

Salem

State*

OR

Zip*

97306

County of Residence*

Marion

Home Phone

503 362-6288

Work Phone

503 581-7788

Cell Phone

503 529-2266

Fax

Email Address*

rgrove91@icloud.com

Date of Election*

May 19, 2015

Mailing Address (where all correspondence will be sent) Street/Route*

7511 Turin Fir Ln S

City*

Salem

State*

OR

Zip*

97306

* Indicates a required field. At least one phone number is also required.

Filing Information

Filing with the required \$10.00 fee.

Filing by petition with the required signature sheets.

Required Information (if no relevant information, list "none")

Occupation present employment - paid or unpaid (required)

CPA

Shareholder in Grove, Winchell & Sprank P.C.

Occupational Background previous employment - paid or unpaid (required)

Have been with GMS for 30 years

Educational Background schools attended, use attachment if needed (required)

Complete Name of School (no acronyms)

Last Grade Level Completed

Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)

Course of Study optional

Oregon State University

BA

Business/
Accounting

Other:

(continued)

SEL 190

OCV
5/15/15

Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)

Have been on the SRRFD Board of Directors for over 25 years

By signing this document, I hereby certify that:

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Candidate

Date Signed

3-10-15

For Office Use Only

Initials

JK

\$10.00

Cash, Check Number, or credit card approval #

203422

Receipt #