## **Candidate Filing**

Marion Co. - Counter

MAR 1 0 2019

SEL 190 rev 01/16

District

ORS 255.235 All information must be completed or the form will be rejected. **X**Original **Amendment** This filing is an Office Information ixectors Aubbased fine Protection District Filing for Office of: Board of D District, Position or County: Position **Filing Information** Filing with the required \$10.00 fee Prospective Petition Candidate Information Name of Candidate Suffix Title Last MI First « BARBARI How you would like your name to appear on the ballot Candidate Residence/Route Address City Street Address State Zip 97032 Candidate Mailing Address and Contact Information: Only one phone number is required State Street Address or PO Box Work Phone Home Phone **Email Address** 31860 @ Claros Com Occupation (present employment) If no relevant experience, None or NA must be entered. anager Hubbard Shell Occupational Background (previous employment) 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 New Athens, II	, ith		
New Athers, 12	11		
horo Vata College		CEX	
ducational Background (other) Attach a separa	to sheet if necessary	OCI	1
ducational background (other) Attach a separa	-50	<b>h</b>	
	1/	A	
Prior Governmental Experience (elected or app	ointed) If no relevant exper	rience. None or NA must be ente	red.
City Cornerlar for	TIMBOUTE 10	2 - 8 years	
BU			
Campaign Finance Information (not applicable		ifice)	
BU		ffice)	
Campaign Finance Information (not applicable		ffice)	

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

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## 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. (OF > 260.715). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

3-15-19 Date Signed



BARBARA SUE RUIZ PO BOX 112 HUBBARD OR 97032 100290032 535