Candidate Filing District

Marion Co. - Counter

MAR 13 2019

SEL 190

rev 01/14 ORS 255.235

This filing is an	ori	iginal		Amendment	:	
Candidata (afaunatian						
Candidate Information Name of Candidate				7	-	-
First	MI	Last			Suffix	Title
Philip	ĽL	Wies	sner	,		1
How you would like you	r name to appear on the ba	allot				
First	MI	Last			Suffix	
Philip		Wie	sner			
Candidate Residence/Ro	oute Address		City		State	Zio
Street Address	ac Dr NE		Colom		State	Zip
11010 Sarato	<u> </u>		Salem		OR	97305
Candidate Mailing Addre			Land Control of the C			
Street Address or PO Box			City		State	Zip
11010 Sarato	ga Dr NE		Salem		OR	97305
	nly one phone number is rec	quirea.	Cell Phone	Fav		
Work Phone Home Phone		C700	(K)			
	503-873-	0700	503-508-3328			_
Email Address			Web Site, if applicable			
wiesnerpl@gmail.co	om					
Filing Information						
Filing with the require	ed \$10.00 fee					
Prospective Petition		T-1.==				
Office Information					الشند	
	or for Mt. Angel Fire District					
District, Position or Coun	ity: 3					
Occupation (present em	ployment) If no relevant ex	perience, None	e or NA must be entered.			
	rmer					
Retired teacher/Far						
Retired teacher/Far						
	nd (previous employment) !	f no relevant e	xperience, None or NA mus	st be entered.		
	nd (previous employment) I	f no relevant e	xperience, None or NA mus	st be entered.		

Educational Background (schools attended)	f 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	Graduated	BS	Education
*		4]	
Educational Background (other) Attach a sepa	rate sheet if necessary.		
Prior Governmental Experience (elected or a	ppointed) If no relevant expe	rience, None or NA must be ente	ered.
Budget Committee for Mt. Angel Fire Board of Directors for Mt. Angel Fire			
Campaign Finance Information (not applicable	e to candidates for federal o	ffice)	i.
Candidate Committee			
Yes, I have a candidate committee. No, I do not expect to spend more than \$7 records of all campaign transactions and if follow the requirements detailed in the Cal No, but will be filing a Statement of Organ	total contributions or total ex mpaign Finance Manual.	spenditures exceed \$750 during	•
By signing this document, I hereby state that: → I will qualify for said office if electe → all information provided by me on		f my knowledge	
Warning Supplying false information on this fup to 5 years. (ORS 260.715). A pers (ORS 249.013 and ORS 249.170)			125,000 and/or prison for
Condidates variations		3-	13-2019
Candidate's Signature			Date Signed
	PHILIP L WIESNER	18551496 590	

11010 SARATOGA DR NE SALEM OR 97305

For Office Use Only Initials

CC Approval Code/Receipt Number_