

**Candidate Filing  
District**

**SEL 190**

rev 01/16  
ORS 255.235

**i** All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

**Office Information**

Filing for Office of: **Director for Mt. Angel Fire District**

District, Position or County: **4**

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

**Name of Candidate**

First	MI	Last	Suffix	Title
Gary		Raid		

**How you would like your name to appear on the ballot**

Gary Raid

**Candidate Residence/Route Address**

Street Address	City	State	Zip
15254 Marquam Rd	Mt. Angel	OR	97362

**Candidate Mailing Address and Contact Information:** Only one phone number is required.

Street Address or PO Box	City	State	Zip
PO Box 126	Mt. Angel	OR	97362

Work Phone	Home Phone	Cell Phone	Fax
	503-845-6096		

Email Address	Web Site, if applicable
hraid@mtangel.net	

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

Retired

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

President & Chief Executive Officer, SAIF Corporation  
Executive Vice President & General Manager, Grange Insurance Group

**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
Willamette University	16	Bachelor of Arts	Math, physics, economics
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.

Board of Directors for Mt. Angel Fire District

**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)



3/8/17  
Date Signed

Marion County Elections  
Received by mail  
MAR 10 2017

For Office Use Only Initials \_\_\_\_\_

\$10.00 paid - check # 8078