Candidate Filing
District

FEB 20 2015

SEL 190
rev 01/14
ORS 255.235

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

This filing is an [X] Original [ ] Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Gerald	P	Vroman		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Jerry	P	Vroman	

Candidate Residence/Route Address

Street Address	City	State	Zip
136909 Flicker Lane	Crescent	OR	97733

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 147	Crescent	OR	97733

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	541 433-2357		

Email Address	Web Site, if applicable

Filing Information

[X] Filing with the required $10.00 fee

[ ] Prospective Petition

Office Information

Filing for Office of: Crescent Rural Fire Protection District Board of Directors

District, Position or County: Position #4

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.

32 years U.S. Forest Service

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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
Alsea High School	12	Diploma	
Lane C.C.	2 yr		Gen Ed
COCC.	2 yr	Degree	Forestry

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.

Crescent Rural Fire Protection District Board of directors (current)

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)

Gerald P. Vroman — 2/17/15

Candidate's Signature — **Date Signed**

For Office Use Only Initials _____ CC Approval Code/Receipt Number 94485

Candidate Filing
District

FEB 23 2015

SEL 190
rev 01/14
ORS 255.235

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This filing is an ☒ Original ☐ Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Lola	C	NELSON		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Lola	C	NELSON	

Candidate Residence/Route Address

Street Address	City	State	Zip
149310 Viola Circle	LAPINE	OR	97739

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
PO BOX 2711	LAPINE	OR	97739

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
N/A	541 433 2900	N/A	N/A

Email Address	Web Site, if applicable
Cliffandlola38@yahoo.com	N/A

Filing Information

☒ Filing with the required $10.00 fee

☐ Prospective Petition

Office Information

Filing for Office of: Board of Crescent Rural Fire Protection District #4

District, Position or County: Crescent Rural Fire Protection District #4

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

N/A → Retired from Aetna Medicare 1997

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

Medicare Claims - Customer Service 20 years
Medical Records AA degree Portland Community College 1977

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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
CRATER High School	12	Diploma	General
PORTLAND Community College	2 year AA	Degree	Medical Records

Educational Background (other) Attach a separate sheet if necessary.

Medical Records

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

Ground Water Committee (most Recent)
River Pine Estates Special Road District various projects (i.e. Budget)
CRescent Rural Fire District Budgets
CRescent Rural Fire District Petition about 1997 or 1998.

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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Lala C Nelson — February 19, 2015

Candidate's Signature — **Date Signed**

For Office Use Only Initials [illegible] CC Approval Code/Receipt Number 94535

FEB 26 2015

Candidate Filing

SEL 190

rev 01/14
ORS 255.235

District CRESCENT RURAL FIRE PROTECTION DISTRICT

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
DIANNE	M	MOORE		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
DIANNE	M	MOORE	

Candidate Residence/Route Address

Street Address	City	State	Zip
1289 CRESCENT CUTOFF RD	CRESCENT	OR	97733

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
PO BOX 100	CRESCENT	OR	97733

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	541-433-2479	541-815-8814	

Email Address	Web Site, if applicable
shazer44@hotmail.com	

Filing Information

☑ Filing with the required $10.00 fee

☐ Prospective Petition

Office Information

Filing for Office of: BOARD OF DIRECTOR #5

District, Position or County: CRESCENT RURAL FIRE PROTECTION DISTRICT

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.

CURRENT BOARD MEMBER
RETIRED RN ST CHARLES BEND
INSTRUCTIONAL AIDE CHRIST SCHOOL

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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
TREASURE VALLEY COMM COLLEGE			RN REFRESHER
EMANUEL HOSPITAL SCHOOL OF			
NURSING		NURSING	
PAYETTE HIGH SCHOOL		HIGH SCHOOL	

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 MEMBER CRESCENT RURAL FIRE PROTECTION 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).

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

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Dianne M Moore — 2-16-2015

Candidate's Signature — **Date Signed**

For Office Use Only Initials _____ CC Approval Code/Receipt Number_____