

Candidate Filing  
District

VOTER  
MAR 06 2015

SEL 190  
rev 01/14  
ORS 255.235

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

REGISTRATION

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Bob John		Moore	Mr.	

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Bob		Moore	Mr.

Candidate Residence/Route Address

Street Address	City	State	Zip
13404 Anderson Rd.	Merrill	OR	97633

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 365	Merrill	OR	97633

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
		541-892-7117	541-798-5092

Email Address	Web Site, if applicable
bmoorefarms@eisco.com	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: board member Merrill Fire Dist Position 4  
District, Position or County:

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

Farmer Self

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

**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
Merrill High School	12	Diploma	General

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.

Merrill Rural Fire Protection Dist.

**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)

*Bob Moore*  
Candidate's Signature

2-12-15  
Date Signed

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District

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MAR 13 2015

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Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Bill	W.	Middlebrooks		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Bill	W.	Middlebrooks	

Candidate Residence/Route Address

Street Address	City	State	Zip
13130 Falvey Rd.	Merrill	Or.	97633

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 575	Merrill	Or.	97633

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-281-9833	541-798-5360		

Email Address	Web Site, if applicable

Filing Information

Filing with the required \$10.00 fee  
 Prospective Petition

Office Information

Filing for Office of: Merrill Fire District Fire Board position #5  
District, Position or County: \_\_\_\_\_

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

Self Employed

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

**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
N/A			

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.**

N/A

**Campaign Finance Information (not applicable to candidates for federal office)**

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B.W. Mical  
Candidate's Signature

3-9-15  
Date Signed

For Office Use Only Initials BM

CC Approval Code/Receipt Number \_\_\_\_\_