

Candidate Filing
District

SEL 190

rev 01/14
ORS 255.235

i 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
Leda	J	Hunter		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Leda		Hunter	

Candidate Residence/Route Address

Street Address	City	State	Zip
61213 Mokas Ct.	Bly	OR	97622

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
PO Box 483	Bly	OR	97622

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
N/A	541-353-2335	541-891-4661	

Email Address	Web Site, if applicable
Blyfiredept@aol.com	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of:
Bly RFPD
District, Position or County:
Position No 1 Secretary

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

Retired from USDA Forest Service

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

Community Development Specialist for Forest Service,
Bly Ranger District

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
Bly High	12	Diploma	

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.

Elected Secretary for Bly RFPD since 1992
President Bly Community Action Team appointed 1994

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)

[Handwritten Signature]
Candidate's Signature

1/21/15
Date Signed

For Office Use Only Initials *[Handwritten Initials]*

CC Approval Code/Receipt Number *94484*

Candidate Filing
District

FEB 20 2015

SEL 190

rev 01/14
ORS 255.235

i 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
MELVIN	L.	WILSON		

How you would like your name to appear on the ballot				
First	MI	Last	Suffix	
MELVIN	L.	WILSON		

Candidate Residence/Route Address				
Street Address	City	State	Zip	
19130 SMITH ST	BLV	OR.	97622	

Candidate Mailing Address				
Street Address or PO Box	City	State	Zip	
Box 14	BLV	OR	97622	

Contact Information: Only one phone number is required.				
Work Phone	Home Phone	Cell Phone	Fax	
		541-261-5726		
Email Address		Web Site, if applicable		
pastornel@juno.com				

Filing Information	
<input checked="" type="checkbox"/> Filing with the required \$10.00 fee	
<input type="checkbox"/> Prospective Petition	

Office Information	
Filing for Office of:	Bly BFPD
District, Position or County:	Position No 2 - Board Member

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

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.
FIRE COMMISSIONER 9 yrs in WASHINGTON

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
SIMPSON BIBB COLLEGE	grad.	BA -	THEOLOGY

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.

NA

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)

Melvin C. Pivon
Candidate's Signature

1-21-15
Date Signed

For Office Use Only Initials MP

CC Approval Code/Receipt Number 94486