

Candidate Filing

FEB 13 2016 12:16 District

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

This filing is an Original Amendment

Office Information

Filing for Office of: **Malin RFPD**

District, Position or County: **Position #4**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Greg		McCulley		Mr.

How you would like your name to appear on the ballot

Greg McCulley

Candidate Residence/Route Address

Street Address	City	State	Zip
2317 Railroad Street	Malin	OR	97632

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

Street Address or PO Box	City	State	Zip
P.O. Box 504	Malin	OR	97632

Work Phone	Home Phone	Cell Phone	Fax
	(541) 723-5895		

Email Address	Web Site, if applicable

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

N/A

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

N/A

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.

N/A

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)

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)

Candidate's Signature

Date Signed

1/3/2019

For Office Use Only

Initials

Uemo

Candidate Filing District

SEL 190

rev 01/16
ORS 255.235

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Original

Amendment

Office Information

Filing for Office of: **Malin RFPD**

District, Position or County: **Position #5**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Les	R.	Sturm		Mr.

How you would like your name to appear on the ballot

Les Sturm

Candidate Residence/Route Address

Street Address	City	State	Zip
36121 Stastny Road	Malin	OR	97632

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

Street Address or PO Box	City	State	Zip
36121 Stastny Road	Malin	OR	97632

Work Phone	Home Phone	Cell Phone	Fax
	(541) 723-3218		

Email Address	Web Site, if applicable

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

N/A

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

N/A

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.

N/A

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)

Candidate Committee

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Candidate's Signature

1-3-19

Date Signed

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Candidate Filing

SEL 190

District

rev 01/16
ORS 255.235

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Office Information

Filing for Office of: POSITION #45 BOARD MEMBER

District, Position or County: Malin Rural Fire Protection DISTRICT

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
RICKY	B	DICKINSON		

How you would like your name to appear on the ballot

PASTOR RICK DICKINSON

Candidate Residence/Route Address

Street Address	City	State	Zip
2513 MARKET ST	MALIN	OR	97632

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

Street Address or PO Box	City	State	Zip
PO BOX 356	MALIN	OR	97632

Work Phone	Home Phone	Cell Phone	Fax
541-723-3961		541-7	

Email Address	Web Site, if applicable
rickdickinson77@gmail.com	

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

SENIOR PASTOR REFUGE CHURCH MALIN

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

SELF EMPLOYED CONSTRUCTION CONTRACTOR



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
GLOBAL UNIVERSITY	2ND YEAR	CERT OF LICENSE	BIBLICAL STUDIES
VALLEY HIGH SCHOOL	12TH	GRADUATE	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.

USMC - 1983-1989

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

Candidate Committee

Yes, I have a candidate committee.

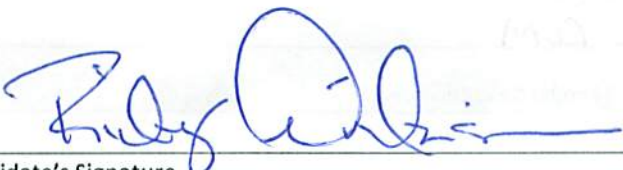
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 Candidate's Signature

2-26-19
 Date Signed

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