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Candidate Information					
Candidate Legal Name*		Candidate Name (As it should appear on ballot)*			
Laune Taylor		Laune Taylor			
Filing for Office of*		District and/or position (if applicable)*			
Director Rural Fire District 10		Position 5			
Residence Address, Street/Route* 31439 S. E. Lusted Rd					
City* State*		Zip* County of Residence*			
Gresham	Oregon	97080	Multnomah		
Home Phone Work F	hone	Cell Phone	Fa	х	
503-663-7949 503-65	50-5500	503-705-7754			
Email Address*	Date of Election*				
katlaune@frontier.com	May 2013				
Mailing Address (where all correspondence 31439 S.E. Lusted Rd	ce will be sent) <b>Street</b> /	/Route*	· · · · · · · · · · · · · · · · · · ·		
City*	State*	Zip*		- <u>-</u>	
Gresham * Indicates a required field. At least one	Oregon <b>n</b> phone number is also				
Filing Information					
Filing with the required \$10.00 fee.				·	
O Filing by petition with the required sign	nature sheets.	· ·			
Required Information (if no relevant inform	mation, list "none")				
Occupation present employment - paid o	r unpaid (required)				
Assortment Analyst				20 20 20	
Occupational Background previous emplo	oyment – paid or unpa	id (required)			
Same Occupation for 25 years					
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				0 	
			······		
Educational Background schools attended Complete Name of School (no acronyms)		eded (required) Diploma/Degree, (AA, BA, BS, MA,		Course of Study optional	
Portland Community College	1year				
Grant High School	12	C	Piploma		
· · · ·					
		· · ·		<u> </u>	
			· .	·	
Other:				·····	
			4		

Required information (if no relevant information, list "none" or "n/a"
Prior Governmental Experience elected or appointed (required)
Director Fire District 10

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By signing this docume	nt, I hereby cert	ifv that:		
→ I will qualify for said or		,		

→ All information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box (not applicable to candidates for federal office - US Senate and US Representative):

- By marking this box, I certify I do not have an existing candidate committee and 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 2012 Campaign Finance Manual.
- O By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the 2012 Campaign Finance Manual.

## 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). No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013 and ORS 249.170).

Candidate's Signature

-14-201

Date Signed

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

2。28 Receipt #