			rev 1/12: ORS 255.235
This information is a matter of public record and may be publish	ned or reproduce	d. O Original O A	mendment
Candidate Information		•	
Candidate Legal Name*	Candidate Name	(As it should appear on h	allot)*
Ronald Lester Cannon	Ron Cannon		
		osition (if applicable)*	
Director	wal Fire Put	ection Dist H (Corbett)-Portion 2.
Residence Address, Street/Route*	<u> </u>	VIII DENT IT COT DENT	<u> 1031100 0-</u>
33000 E. Bull Rd			
	Zip*	County of Residence	*
Corbett OR	97019	Mutthomah	
Home Phone Work Phone	Cell Phone	Fax	
503-695-2617 N/A	Cell Phone 503-81	9-4228 N/1	0
Email Address* Date of Election*		1 10 000	•
rlemeton @ ach com May 2	1. 2012		
rlcmelon @ aoli com May 2 Mailing Address (where all correspondence will be sent) Street/Ro	ute*		r-3 '
33000 E. Ball Rd.	•		2013
City* Corbett State* OR 2	Zip* 92019		- in 102
	7017		5-5 ·
f Indicates a required field. At least one phone number is also re	equired.	· · ·	
Filing Information		• <u>1</u> .	
X Filing with the required \$10.00 fee.		· · · ·	
D Filing by petition with the required signature sheets.			0 5
Required Information (if no relevant information, list "none")		· · ·	· · · ·
Decupation present employment – paid or unpaid (required)			
Occupational Background previous employment - paid or uppaid (required)		
Director - H.S. Drot. of Labor - Notara - F.M.	lour til 1	Cinne Const	
Director - H.S. Depti of Labor - Veterans Emp Veterans' Employment Representative Disabled Worker- Onjured Worker Representa	Normeni+ 1	runing Service	(27 yrs)
Disabled Warker Daiment What have Disabled	tio ist	to of Duran	(china)
2 Unjurea worker Kepresenta	nive join	ve of orean	(8 yrs)
		v	,
ducational Background schools attended, use attachment if neede	d (required)		
complete Name of School (no acronyms) Last Grade Level Completed	Diploma/Degr (AA, BA, BS, M		urse of Study ional
MT. Hood Community College 16	AA	Television F	Breadcast Tech
47. Hood Community College 14	A.A	Radio Bra	· · ·
Career Acodemy of Broadcasting	Cert o	6 Comptetion Radie	Broadcasti
Bther:			

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

Director . Position 2 - Rural Fire Protection District # 14 (Corbett) 12 yrs

By signing this document, I hereby certify that:

- → I will qualify for said office if elected
- → 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.

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

X

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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).

	2-28-	
Cane	Date Signe	d
For Office Use Only		
Initials	<u>Cash</u>	23007
	Cash, Check Number, or credit card approval #	Receipt #