

Candidate Filing

SEL 190

rev 01/16
ORS 255.235

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: DIRECTOR, SUB-DISTRICT # 1

District, Position or County: INTERLACHEN WATER PUD

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First MELVYN MI Last RIEFF Suffix Title

How you would like your name to appear on the ballot

MEL RIEFF

Candidate Residence/Route Address

Street Address 20101 NE INTERLACHEN LANE City FAIRVIEW State OR Zip 97024

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

Street Address or PO Box 20101 NE INTERLACHEN LANE City FAIRVIEW State OR Zip 97024

Work Phone Home Phone Cell Phone 503-421-9719 Fax

Email Address RIEFF@FRONTIER.COM Web Site, If applicable

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

RETIRED

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

ATTORNEY, ILLINOIS

RECEIVED
16 AUG 29 AM 6:10
TIM SCOTT
DIRECTOR OF ELECTIONS

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
UNIVERSITY OF ILLINOIS	JURIS DOCTOR	JURIS DOCTOR	LAW

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.

ASSISTANT COOK COUNTY STATE'S ATTORNEY
ASSISTANT ILLINOIS ATTORNEY GENERAL
CITY ATTORNEY, CARBON DALE, ILLINOIS

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)

Signature redacted

8-23-16

Candidate's Signature

[Handwritten mark]

Date Signed

For Office Use Only Initials

[Handwritten initials]

[Handwritten initials]