

District Candidate Filing

AUG 25 2014

SEL 190  
rev 1/12, ORS 265.236

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Candidate Information

Candidate Legal Name\* MELVYN RIEFF Candidate Name (As it should appear on ballot)\* MEL RIEFF

Filing for Office of\* INTERLACHEN WATER P. U. D. District and/or position (if applicable)\* SUB-DISTRICT # 1, DIRECTOR

Residence Address, Street/Route\* 20101 NE INTERLACHEN LANE

City\* FAIRVIEW State\* OR Zip\* 97024 County of Residence\* MULTNOMAH

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

Email Address\* RIEFF@FRONTIER.COM Date of Election\* NOVEMBER 2014

Mailing Address (where all correspondence will be sent) Street/Route\* 20101 NE INTERLACHEN LANE

City\* FAIRVIEW State\* OR Zip\* 97024

\* Indicates a required field. At least one phone number is also required.

Filing Information

- Filing with the required \$10.00 fee.
 Filing by petition with the required signature sheets.

Required Information (if no relevant information, list "none")

Occupation present employment - paid or unpaid (required) RETIRED

Occupational Background previous employment - paid or unpaid (required)

ATTORNEY
RIEFF, SCHRAMM + KANTER
100 N. LASALLE ST.
CHICAGO IL

Educational Background schools attended, use attachment if needed (required)

Table with 4 columns: Complete Name of School, Last Grade Level Completed, Diploma/Degree/Certificate, Course of Study optional. Row 1: UNIV. OF ILLINOIS, JURIS DOCTOR, LAW

Other:

RECEIVED
14 AUG 25 AM 8:18
TIM SCOTT
DIRECTOR OF ELECTIONS

Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)

OFFICE OF COOK COUNTY STATE'S ATTORNEY, ILLINOIS

OFFICE OF ILLINOIS ATTORNEY GENERAL

CITY OF CARBONDALE, ILLINOIS

INTERLAKEN WATER PUD, DIRECTOR, APPOINTED 2013

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**

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).

Signature redacted

8-21-14

Candidate's Signature

Date Signed

For Office Use Only

Initials

3788  
Cash, Check Number, or credit card approval #

23311  
Receipt #