# **Candidate Filing**

FEB 21 2025

**SEL 190** 

District					rev 12/24 ORS 255.23
1 This form must be filed with	th county elections official. Al	ll information must be c	ompleted or the for	m will be rej	ected.
2025 District Election Filing Dat	es				
Candidate Filing February 8, 20	25 to March 20, 2025	Withdrawal Date	March 20, 2025		
This filing is an	Original		Amendme	nt	
Office Information					
Filing for Office of: Board of	Directors				
District, Position or County: Ida	nha-Detroit Rural Fir	e Protection Dist	rict, Position 5	A-1	
Filing Information	AREAU. ARE				
Filing with the required \$10.	00 fee				
Prospective Petition					
Candidate Information					
Name of Candidate					
First	М		Last		
Lindsay			Meyer		
How you would like your name Lindsay Meyer	to appear on the ballot				A. S.
Lindsay Meyer					
Candidate Residence/Route Ad					
Address	Redacte	ed			
Candidate Mailing Address and	Contact Information				
Street Address or PO Box		City		State	Zip
PO BOX 272		Idanha		OR	97350
Work Phone	Home Phone		Cell Phone		
503-854-3496	·		971-240	-1652	
Email Address		Web Site, if appli	cable		
lmeyer@idanhadet	roitfire.com	,			
Race and Ethnicity Optional			******		
Occupation (present employme	ent) If no relevant experience,	None or NA must be ent	ered.		
City Clerk for the City of	The second secon				

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

I was a THW and PSS. I mentored to woman who had current or past addiction issues. I provided per support services to Marion and Polk counties during 2013-2022. What this position initialed was community Resorces, connection to parole and probation, housing, A and D treatment services, medical services, and many more services as well as connection with other community partners.

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Cemeketa Com. College	12	GED	High School completion
ducational Background (other) Attach a seg	parate sheet if necessary.		
ducational Background (other) Attach a sep	parate sheet if necessary.		

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

None

## **Campaign Finance Information**

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).

If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.

See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

### **Residence Address Exemption**

To exempt your residence address from public disclosure, complete form SEL 180 - Residence Address Exemption Request. The request for a Residence Address Exemption MUST include a publicly disclosable mailing address. See the Candidates Manual for further information.

I don't want my residence address to be disclosed. I will be filing a separate SEL 180 - Residence Address Exemption Request.

#### **Candidate Attestation**

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



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. Unless the person has withdrawn from the first filling, all filings are invalid. (ORS 249.013 and ORS 249.170)

Signature Redacted



Address Redacted

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