

District Candidate Filing

FEB 13 2013

SEL 190

rev 1/12 ORS 255.235

This information is a matter of public record and may be published or reproduced. Original Amendment

Candidate Information

Candidate Legal Name*	Candidate Name (As it should appear on ballot)*
SANDRA MARIE FOX	SAUDEA FOX
Filing for Office of*	District and/or position (if applicable)*
DIRECTOR	BASIN TRANSIT SERVICE

Residence Address, Street/Route*
831 HILLSIDE AVE

City*	State*	Zip*	County of Residence*
KLAMATH FALLS	OR	97601	KLAMATH

Home Phone	Work Phone	Cell Phone	Fax
541-883-6435	541-883-5361	541-891-8112	0

Email Address*	Date of Election*
zbaileydogz@netscape.net	21 MAY 2013

Mailing Address (where all correspondence will be sent) Street/Route*
831 HILLSIDE AVE

City*	State*	Zip*
KLAMATH FALLS	OR	97601

* 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)
COMMUNITY DEVELOPMENT DIRECTOR - CITY OF KLAMATH FALLS

Occupational Background previous employment - paid or unpaid (required)

- PLANNING DIRECTOR - CITY OF KLAMATH FALLS
- PLANNER - CITY OF KLAMATH FALLS
- PARK PLANNER - COUNTY OF SAN LUIS OBISPO, CA

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

Complete Name of School (no acronyms)	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
1. CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO		MBA	AGRICULTURAL BUS.
2. CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO		B.S.	LANDSCAPE ARCH.

Other:

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

Prior Governmental Experience elected or appointed (required)

- BOARD MEMBER - OREGON CITY PLANNING DIRECTORS ASSOC.
- BOARD MEMBER - OREGON CHAPTER OF THE AMERICAN PLANNING ASSOC. (PREVIOUS)

- ? - CITY EMPLOYEE IN KFAUS SINCE 1998
- COUNTY EMPLOYEE IN SAN LUIS OBISPO, CA. 1995 - 1998

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).



SANDRA FOX

13 FEB 2013
Date Signed

For Office Use Only

Initials

3625

Cash, Check Number, or credit card approval #

Receipt #

District Candidate Filing

FEB 26 2013

SEL 190

rev 1/12: ORS 256.235

i This information is a matter of public record and may be published or reproduced. Original Amendment

Candidate Information			
Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
Susan J. Wesley		Sue Wesley	
Filing for Office of*		District and/or position (if applicable)*	
Board Member - Basin Transit			
Residence Address, Street/Route*			
961 Vista Way			
City*	State*	Zip*	County of Residence*
Klamath Falls	OR	97601	Klamath
Home Phone	Work Phone	Cell Phone	Fax
		541-331-6048	
Email Address*		Date of Election*	
Wesley.susan@gmail.com		May 21, 2013	
Mailing Address (where all correspondence will be sent) Street/Route*			
City*	State*	Zip*	

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

Filing Information
<input checked="" type="radio"/> Filing with the required \$10.00 fee.
<input type="radio"/> Filing by petition with the required signature sheets.

Required Information (If no relevant information, fill "None")
Occupation present employment - paid or unpaid (required)
Retired
Occupational Background previous employment - paid or unpaid (required)
Board member - 4 terms Wesley Appraisal Services - Appraisal Asst.

Educational Background schools attended, use attachment if needed (required)			
Complete Name of School (no acronyms)	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Klamath Union High	12		
Judson Baptist College			
Oregon Institute of Technology			
Other:			

(continued)

SEL 190

Required Information (if no relevant information is entered, none or n/a)

Prior Governmental Experience elected or appointed (required)

Board Member - Basin Transit - 4 Terms

By signing this document, I hereby certify that:

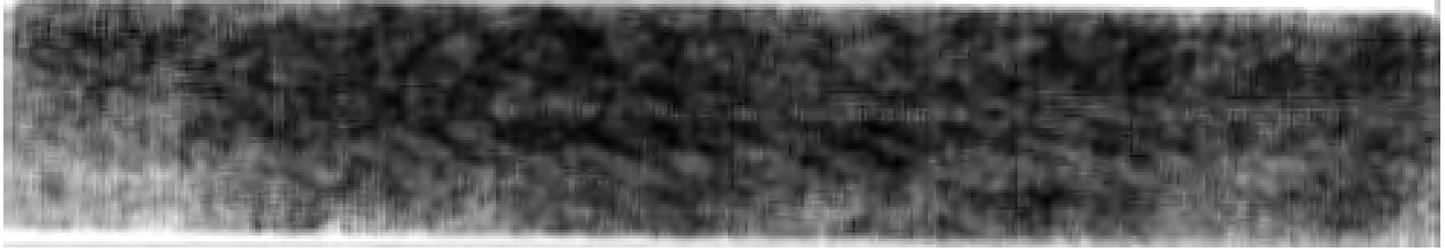
- I will qualify for said office if elected
- All information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

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.


Susan J. Wesley
Candidate's Signature

2-26-13
Date Signed



FEB 28 2013

District Candidate Filing

SEL 190

rev 11/2/08 255.235

This information is a matter of public record and may be published or reproduced. Original Amendment

Candidate Information

Candidate Legal Name* Michael P. McCullough Candidate Name (As it should appear on ballot)* Michael P. McCullough

Filing for Office of* Director - Basin Transit Service Transportation District and/or position (if applicable)*

Residence Address, Street/Route* 403 Lincoln Street

City* Klamath Falls State* OR Zip* 97601 County of Residence* Klamath

Home Phone 541 884 3278 Work Phone 541 883 8134 Cell Phone 541 891 4803 Fax 541 883 1510

Email Address* mpmccullough@yahoo.com Date of Election* May 21, 2013 Special District Election

Mailing Address (where all correspondence will be sent) Street/Route* 403 Lincoln Street

City* Klamath Falls State* OR Zip* 97601

* 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) Podiatrist

Occupational Background previous employment - paid or unpaid (required) Klamath Family Practice Center 2310 Mountain View Blvd Klamath Falls OR 97601

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

Table with 4 columns: Complete Name of School (no acronyms), Last Grade Level Completed, Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc), Course of Study optional. Rows include WM Schull College of Podiatric Medicine at Rosalind Franklin University of Medicine + Science (1985, -post grad, -DPM, -Podiatric Medicine) and Saint Mary's University (1981, -BA, -Biology).

Other:

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

Prior Governmental Experience elected or appointed (required)

Board of Directors - Basin Transit Service
(special district)

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).

Candidate's Signature

Date Signed

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

Receipt #

District Candidate Filing

MAR 04 2013

SEL 190

rev 11/2 ORS 255 235

i This information is a matter of public record and may be published or reproduced. Original Amendment

Candidate Information

Candidate Legal Name* **Craig A. Fleck** Candidate Name (As it should appear on ballot)* **Craig A. Fleck**

Filing for Office of* **B.T.S. Transportation District - Director** District and/or position (if applicable)*

Residence Address, Street/Route* **1620 Ridgecrest**

City* **Klamath Falls** State* **Oregon** Zip* **97601** County of Residence* **Klamath**

Home Phone **541-884-3059** Work Phone **541-723-2555** Cell Phone Fax

Email Address* **colcrg@charter.net** Date of Election* **May 21, 2013**

Mailing Address (where all correspondence will be sent) Street/Route* **1620 Ridgecrest**

City* **Klamath Falls** State* **OR** Zip* **97601**

* 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) **manager - Winema Elevators, Inc.**

Occupational Background previous employment - paid or unpaid (required)
1977 thru 2001 Malin Grain & Feed, Co.
2001 to present Winema Elevators, Inc.

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

Complete Name of School (no acronyms)	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Merrill High School	Sr	Diploma	
Pacific University	4 yr Degree	B.S.	Biology

Other:

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

Prior Governmental Experience elected or appointed (required)

B.T.S. transportation Dist. Budget committee

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).

Craig A. Fleck

Candidate's Signature

3-1-13

Date Signed

For Office Use Only

mm
Initials

4578

Cash, Check Number, or credit card approval #

69531

Receipt #