

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

Candidate Information

Candidate Legal Name* BRUCE WILLIAM NICHOLS		Candidate Name (As it should appear on ballot)* BRUCE NICHOLS	
Filing for Office of* Position No 4		District and/or position (if applicable)* BLY R.F.P.D	
Residence Address, Street/Route* 19566 MAIN AVE.			
City* BLY	State* OR	Zip* 97622	County of Residence* KLAMATH
Home Phone	Work Phone	Cell Phone 541-891-4682	Fax
Email Address* b1nichols@yahoo.com		Date of Election* MAY 2013	
Mailing Address (where all correspondence will be sent) Street/Route* P.O. BOX 361			
City* BLY	State* OR	Zip* 97622	

* 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)
FIRE MANAGEMENT OFFICER - USDA FOREST SERVICE

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
BONANZA HIGH SCHOOL	12		
UNIVERSITY OF WASHINGTON		BS	FIRE SCIENCE

Other:



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

Prior Governmental Experience elected or appointed (required)

PRESIDENT BLY R.F.P.D.

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

Brian W. Nichols

Date Signed

1/16/2013

For Office Use Only

BN

Initials

2003

Cash, Check Number, or credit card approval #

18862

Receipt #

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Candidate Information

Candidate Legal Name* WILLIAM HUDAK Candidate Name (As it should appear on ballot)* BILL HUDAK

Filing for Office of* Position # 3 District and/or position (if applicable)* Big RFPD

Residence Address, Street/Route* 61121 HWY 140 E.

City* BLY State* OR. Zip* 97622 County of Residence* KLAMATH

Home Phone (541) 353-0132 Work Phone Cell Phone Fax

Email Address* BILLE HUDAK@YAHOO.COM Date of Election*

Mailing Address (where all correspondence will be sent) Street/Route* P.O. BOX 375

City* BLY State* OR. Zip* 97622

* 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)

Occupational Background previous employment - paid or unpaid (required)

RETIRED KLAMATH COUNTY PARKS DIVISON.

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.

Other:

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

Prior Governmental Experience elected or appointed (required)

RETIRED FROM
20+ YEARS OF GOVERNMENT EMPLOYMENT.

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William E. Hudak
Candidate's Signature

JAN. 17, 2013
Date Signed

For Office Use Only

Initials

2208
Cash, Check Number, or credit card approval #

Receipt #

District Candidate Filing

FEB 22 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)*	
Rhonda Vickerman		Rhonda Vickerman	
Filing for Office of*		District and/or position (if applicable)*	
Bly Rural Fire Protection		#5	
Residence Address, Street/Route*			
18303 Quidas Dr			
City*	State*	Zip*	County of Residence*
Bly	OR	97622	Klamath
Home Phone	Work Phone	Cell Phone	Fax
541 891 1067	541 353 2713	541 891 1067	
Email Address*		Date of Election*	
rhndvca@aol.com		May 21, 2013	
Mailing Address (where all correspondence will be sent) Street/Route*			
PO BOX 155			
City*	State*	Zip*	
Bly	OR	97622	

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

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

Required Information (if no relevant information, list "none")
Occupation present employment - paid or unpaid (required)
U.S. Forest Service - Admin. Support Clerk paid
Occupational Background previous employment - paid or unpaid (required)

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
RCC		Cert.	EMT
Other:			

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

Prior Governmental Experience elected or appointed (required)

Board member. Elected

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- I will qualify for said office if elected
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Rhonda C. Wickman
 Candidate's Signature

1/22/2013
 Date Signed

For Office Use Only

YMS
 Initials

check 2203
 Cash, Check Number, or credit card approval #

108812
 Receipt #