

**1** 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)*	
JAMES STEVENSON		JAMES STEVENSON	
Filing for Office of*		District and/or position (if applicable)*	
DIRECTOR BONANZA CEMETERY		Position 2	
Residence Address, Street/Route*			
32091 CENTRAL ST.			
City*	State*	Zip*	County of Residence*
BONANZA	OR.	97623	CLATSOP
Home Phone	Work Phone	Cell Phone	Fax
541-545-6463	530-667-8928	541-892-7724	
Email Address*	Date of Election*		
	5-21-2013		
Mailing Address (where all correspondence will be sent) Street/Route*			
PO Box 285			
City*	State*	Zip*	
BONANZA	OR.	97623	

\* 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)

ED'S TRUCKING

Occupational Background previous employment – paid or unpaid (required)

DAVID HAMEL TRUCKING

**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
GARIBALDI GRADE SCHOOL	8		
NEAH-KAH NIE HIGH	12	DIPLOMA	

Other:

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

Prior Governmental Experience elected or appointed (required)

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).

*James Stevenson*  
Candidate's Signature

2-14-2013  
Date Signed

For Office Use Only

*JMS*  
Initials

*cash*  
Cash, Check Number, or credit card approval #

*68851*  
Receipt #

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**Candidate Information**

Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
Lydia EKENDAHN		Lydia EKENDAHN	
Filing for Office of*		District and/or position (if applicable)*	
Director Position 1		Position 1 BONANZA MEMORIAL PARK CEMETERY	
Residence Address, Street/Route*			
9996 W. LANGRILL VALLEY RD			
City*	State*	Zip*	County of Residence*
BONANZA	OR	97623	KLAMATH
Home Phone	Work Phone	Cell Phone	Fax
(541) 545-6231	—	—	—
Email Address*		Date of Election*	
LEKENDAHN@hotmail.com		5/21/13	
Mailing Address (where all correspondence will be sent) Street/Route*			
9996 W Langrill Valley Rd			
City*	State*	Zip*	
BONANZA	OR	97623	

\* 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)

NONE

Occupational Background previous employment – paid or unpaid (required)

OREGON MANUFACTURING SERVICE - QUALITY ASSURANCE MANAGER  
TELEDYNE SYSTEMS CO. - MANUFACTURING ENGINEER

**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
LIVE OAK HIGH SCHOOL	12	diploma	
LOYOLA UNIVERSITY	2	CERTIFICATE	
OIT	2	diploma	

Other:

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

Prior Governmental Experience elected or appointed (required)

BONANZA MEMORIAL PARK CEMETERY DIRECTOR

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- I will qualify for said office if elected
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- 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**  
Submitting false information on this form may result in criminal and civil penalties. For more information, please contact the District Attorney's Office at (714) 249-3700. For more information, please contact the State Board of Elections at (949) 461-2200.

*Lydia Chen*

Candidate's Signature

2/10/2013

Date Signed

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USPT