

District Candidate Filing

FEB 27 2013

SEL 190

rev 1/12: OPS 255 235

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Candidate Information

Candidate Legal Name*

Jeffrey John Coker

Candidate Name (As it should appear on ballot)*

Jeff Coker

Filing for Office of*

Board Member

District and/or position (if applicable)*

Crescent Sanitary District/Position 5

Residence Address, Street/Route*

136590 Highway 97 North

City*

Crescent

State*

OR

Zip*

97733

County of Residence*

Klamath1-541-433-25321

Home Phone

Work Phone

1-541-433-2532

Cell Phone

Fax

Email Address*

ceo@crescentshell.com

Date of Election*

May 21, 2013

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

PO Box 229

City*

Crescent

State*

OR

Zip*

97733

* 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)

Business Owner/Proprietor

Occupational Background previous employment – paid or unpaid (required)

None

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

Cottage Grove High School

Other:

(continued)

SEL 190



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

Prior Governmental Experience elected or appointed (required)

Elected Board Member of the Crescent Sanitary District serving as Vice President

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 #

mm

202104

69382

2-13-13



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

Candidate Information

Candidate Legal Name*

Jo Ann Foust

Candidate Name (As it should appear on ballot)*

Jo Foust

Filing for Office of*

Board Member

District and/or position (if applicable)*

Crescent Sanitary District/ Position 4

Residence Address, Street/Route*

135614 Highway 97

City*

Crescent

State*

OR

Zip*

97733

County of Residence*

Klamath

Home Phone

Work Phone

Cell Phone

Fax

1-541-539-1726

Email Address*

foustjo@aol.com

Date of Election*

May 21, 2013

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

135614 Highway 97

City*

Crescent

State*

OR

Zip*

97733

* 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)

Cashier

Occupational Background previous employment – paid or unpaid (required)

Cook

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

Marshfield High School

Other:



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

Prior Governmental Experience elected or appointed (required)

Appointed Board Member of the Crescent Sanitary District

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Candidate's Signature

2-13-13
Date Signed

For Office Use Only


Initials

113
Cash, Check Number, or credit card approval #

69381
Receipt #

District Candidate Filing

FEB 27 2013

SEL 190
rev 1/12: 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*

Michael D. Ayers

Candidate Name (As it should appear on ballot)*

Mike Ayers

Filing for Office of*

Board Member

District and/or position (if applicable)*

Crescent Sanitary District/ Position 2

Residence Address, Street/Route*

137386 Main St.

City*

Crescent

State*

OR

Zip*

97733

County of Residence*

Klamath

Home Phone

1-541-433-5444

Work Phone

Cell Phone

Fax

Email Address*

eggflatts@hotmail.com

Date of Election*

May 21, 2013

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

PO Box 861

City*

Gilchrist

State*

OR

Zip*

97737

* 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)

Construction

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

John H Glenn High School

Taft Junior College

Other:

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

Prior Governmental Experience elected or appointed (required)

Appointed board member of the Crescent Sanitary 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

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Candidate's Signature



Date Signed

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For Office Use Only

Initials

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Cash, Check Number, or credit card approval #

2546

Receipt #

69380

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

Candidate Information

Candidate Legal Name*

Charles E. Defoe Jr.

Candidate Name (As it should appear on ballot)*

Chuck Defoe

Filing for Office of*

Board Member

District and/or position (if applicable)*

Crescent Sanitary District/ Position 1

Residence Address, Street/Route*

136853 Highway 97

City*

Crescent

State*

OR

Zip*

97733

County of Residence*

Klamath1

Home Phone

Work Phone

1-541-433-2530

Cell Phone

Fax

Email Address*

chuck@kenssportinggoods-or.com

Date of Election*

May 21, 2013

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

PO Box 290

City*

Crescent

State*

OR

Zip*

97733

* 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)

Business Owner/Proprietor

Occupational Background previous employment – paid or unpaid (required)

Self employed since 1995

Sales Management

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

Lane Community College

Other:

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

Prior Governmental Experience elected or appointed (required)

Served as appointed Board Member of the Crescent Sanitary District

By signing this document, I hereby certify that:

- I will qualify for said office if elected
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CED
Candidate's Signature

2-13-13
Date Signed

For Office Use Only
Initials: *cmh* Cash, Check Number, or credit card approval #: 5389 Receipt #: 69379

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

Candidate Information

Candidate Legal Name*

Cher L. Dolan

Candidate Name (As it should appear on ballot)*

Cher L. Dolan

Filing for Office of*

Board Member

District and/or position (if applicable)*

Crescent Sanitary District/Position 3

Residence Address, Street/Route*

135870 Riverview

City*

Crescent

State*

OR

Zip*

97733

County of Residence*

Klamath

Home Phone

1-541-433-5266

Work Phone

Cell Phone

1-541-480-3040

Fax

Email Address*

dolan.cher@yahoo.com

Date of Election*

May 21, 2013

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

PO Box 869

City*

Gilchrist

State*

OR

Zip*

97737

* 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)

Real Estate Lending

Occupational Background previous employment – paid or unpaid (required)

Real Estate Lending for last 30 years

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

Oregon State University

Other:

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

Prior Governmental Experience elected or appointed (required)

Appointed Member of the Crescent Sanitary District filling the position of President

Performed work for the Jackson County Planing Commission

Performed grant/loan work for the Crescent Water Association

By signing this document, I hereby certify that:

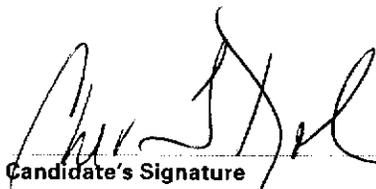
- I will qualify for said office if elected
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Candidate's Signature

2/13/13
Date Signed

For Office Use Only

Initials

1434
Cash, Check Number, or credit card approval #

69386
Receipt #