

District Candidate Filing

FEB 14 2013

SEL 190

rev 1/12, ORS 255.235

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Candidate Information

Candidate Legal Name* <i>Edward Thomas M^cClure</i>		Candidate Name (As it should appear on ballot)* <i>Edward M^cClure</i>	
Filing for Office of* <i>Klamath Community College Board of Education Zone 1</i>		District and/or position (if applicable)*	
Residence Address, Street/Route* <i>720 Sunrise Ct.</i>			
City* <i>Klamath Falls</i>	State* <i>OR</i>	Zip* <i>97601</i>	County of Residence* <i>USA</i>
Home Phone <i>541-884-7413</i>	Work Phone	Cell Phone <i>541-891-1991</i>	Fax
Email Address* <i>mcced@charter.net</i>		Date of Election* <i>5/21/13</i>	
Mailing Address (where all correspondence will be sent) Street/Route* <i>residence</i>			
City*	State*	Zip*	

* 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)

General Surgeon

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
<i>Stanford University</i>		<i>BA 1969</i>	<i>History</i>
<i>University of California Los Angeles</i>		<i>MD 1973</i>	<i>Medicine</i>
<i>Dartmouth medical school - surgery residency 3yrs</i>			
<i>University of Connecticut - surgery residency 2yrs</i>			

Other:

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

Prior Governmental Experience elected or appointed (required)

Klamath Community College Board of Education - appointed

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).

Edward McNamee

Candidate's Signature

2/14/13

Date Signed

For Office Use Only

EM
Initials

Cash
Cash, Check Number, or credit card approval #

12857
Receipt #

District Candidate Filing

FEB 22 2013

SEL 190
rev 1/12 ORS 255 235

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Candidate Information			
Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
MICHAEL J. FITZGERALD		MICHAEL J. FITZGERALD	
Filing for Office of*		District and/or position (if applicable)*	
KLAMATH COMMUNITY COLLEGE BOARD OF EDUCATION		ZONE 3	
Residence Address, Street/Route*			
11417 Hill Rd.			
City*	State*	Zip*	County of Residence*
KLAMATH FALLS	OR	97603-9717	KLAMATH
Home Phone	Work Phone	Cell Phone	Fax
541 884 5753			
Email Address*		Date of Election*	
fitz1415m@netscape.net		MAY 21, 2013	
Mailing Address (where all correspondence will be sent) Street/Route*			
RESIDENCE AS ABOVE			
City*	State*	Zip*	

* 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) RETIRED
Occupational Background previous employment - paid or unpaid (required)
- U.S. POST OFFICE DEPARTMENT, OCT. 1967 - JAN. 1968 - U.S. NAVY, JAN. 1968 - JAN. 1972, HONORABLE DISCHARGE - U.S. POSTAL SERVICE, APRIL 1972 - FEB. 2007 - U.S. CIVIL SERVICE RETIREE, FEB. 2007 - PRESENT - OSU/KLAMATH COUNTY MASTER GARDENER, 2011 - PRESENT - KLAMATH COUNTY MASTER GARDENER ASSOCIATION BOARD MEMBER, 2012 - PRESENT - NATIONAL ACTIVE + RETIRED FEDERAL EMPLOYEES ASSOC, KLAMATH CHAPTER, SECRETARY, JAN. 2008 - APRIL 2010

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
ARCHBISHOP MOLLOY HS,	12	HIGH SCHOOL DIPLOMA	NEW YORK STATE REGENT SCHOLARSHIP
MARIST COLLEGE,	FRESHMAN	—	BIOLOGY
KLAMATH COMMUNITY COLLEGE,	11 CREDITS, 4.0 GPA		GEOLOGY
Other:			

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

Prior Governmental Experience elected or appointed (required)

KLAMATH COMMUNITY COLLEGE, BOARD OF EDUCATION, ZONE 3, 2011-PRESENT

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Warning

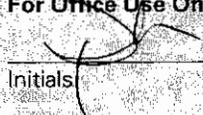
Supplying false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715). No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person 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).



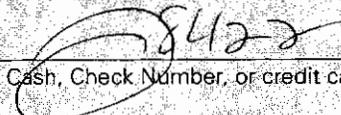
Candidate's Signature

02/22/2013
Date Signed

For Office Use Only



Initials



Cash, Check Number, or credit card approval #

69154
Receipt #

District Candidate Filing

SEL 190

rev 1/12: ORS 265.235

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Candidate Information			
Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
Austin A. Foinagy		Austin Foinagy	
Filing for Office of*		District and/or position (if applicable)*	
Klamath Community College		Board of Education At Large 7	
Residence Address, Street/Route*			
711 Roseway Drive			
City*	State*	Zip*	County of Residence*
Klamath Falls	OR	97601	Klamath
Home Phone	Work Phone	Cell Phone	Fax
208-9640712	541-850-4551		
Email Address*		Date of Election*	
foin2e18@gmail.com		May 21, 2013	
Mailing Address (where all correspondence will be sent) Street/Route*			
PO Box 371			
City*	State*	Zip*	
Klamath Falls	OR	97601	

* 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 (use relevant information, list none)
Occupation present employment - paid or unpaid (required)
Oregon Employment Department
Occupational Background previous employment - paid or unpaid (required)
Business + Employment Specialist 12-11 → Present
Project Manager - Innovation Inc. Project Manager - Innovation Inc. 2-10 → 6-12
Senior Student Fundraiser - University of Idaho - 3-09 → 2-10
President of Associated Students - North Idaho College - 5-08 → 3-09

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
University of Idaho		Bachelors of Science	Political Science
University of Idaho		Bachelors of science	Organizational Science

Other:

Required Information (If no relevant information, list none) (b)(7)(D)

Prior Governmental Experience elected or appointed (required)

President of Associated Students of North Idaho College

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.
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Candidate's Signature

2-27-2013

Date Signed

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

Candidate Information

Candidate Legal Name* ALBERT B. KING Candidate Name (As it should appear on ballot)* AL KING AT-LARGE

Filing for Office of* KLAMATH COMMUNITY COLLEGE BOARD MEMBER District and/or position (if applicable)* ZONE 7

Residence Address, Street/Route* 22330 DRAZIL RD.

City* MALIN State* ORE. Zip* 97632 County of Residence* KLAMATH

Home Phone 541-331-2369 Work Phone Cell Phone Fax

Email Address* alking@hughes.net Date of Election* MARCH 2013

Mailing Address (where all correspondence will be sent) Street/Route* SBR ABOVE RES ADR.

City* MALIN State* ORE Zip* 97632

* 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) RANCHER/CATTLEMAN OWNER (PO)

- Occupational Background previous employment - paid or unpaid (required)
- GENERAL CONTRACTOR (PO) OWNER
- DEPARTMENT JUSTICE ADMINISTRATOR (PO)
- MUNICIPAL COURT JUDGE (PA)

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: UNIV. of Southern Calif MA, MASTER'S DEGREE IN PUBLIC ADM., CALIF. STATE UNIV. BA, UNIV. of CALIF. DAVIS TEACHER'S CRED (ED) CALIF. COMM. COLLEGE, NATIONAL JUDICIAL COLLEGE CERTS. (2)

Other:

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

Prior Governmental Experience elected or appointed (required)

- ~~ELECTED~~ Klamath Com. College Board Member (Current + 1 Past Term) ^{4 yr term}
- ~~ELECTED~~ Klamath Soil & Water Conserv. Dist. Board Member - 1 Term ^{4 yrs}
- ELECTED REP. CANDIDATE for U.S. Senate
- ELECTED ORG. REP. PARTY VICE CHAIR
- APPOINTED - GOVERNOR'S OFFICE - CRIM. JUSTICE ADVISOR
- APPOINTED LONG RANGE FINANCIAL PLAN COM. KLAMATH COUNTY

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.
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Candidate's Signature

3-15-13
Date Signed

For Office Use Only

Initials

mm

Cash, Check Number, or credit card approval #

3342

Receipt #

69977

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Candidate Information

Candidate Legal Name* Brenda Ann Frank Candidate Name (As it should appear on ballot)* Brenda A. Frank
 Filing for Office of* Klamath Community College District and/or position (if applicable)* Zon 6 Board of Education

Residence Address, Street/Route* 4623 Winter Avenue

City* Klamath Falls State* OR Zip* 97603 County of Residence* Klamath

Home Phone (541) 274-1225 Work Phone (541) 783-2219 Cell Phone _____ Fax _____

Email Address* b4frank@hotmail.com Date of Election* May 21, 2013

Mailing Address (where all correspondence will be sent) Street/Route* 4623 Winter Avenue

City* Klamath Falls State* OR Zip* 97603

* 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) Director, Education & Employment Dept. - Klamath Tribes

Occupational Background previous employment - paid or unpaid (required)
Personnel Officer - Klamath Tribal Health & Family Services
Employment Specialist - OR State Employment Dept.

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
<u>Southern OR State College</u>	<u>14</u>	<u>BS - Interdisciplinary</u>	<u>(Bio Psych Health)</u>
<u>North Seattle Community College</u>	<u>14</u>	<u>AAS - Community Health</u>	
<u>Spokane Community College</u>	<u>-</u>	<u>Certificate - Ward Clerk</u>	
<u>Lake Roosevelt High School</u>	<u>12</u>	<u>Diploma</u>	<u>General</u>

Other:

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

Prior Governmental Experience elected or appointed (required)

Appointed Klamath Community College Board of Education
Elected Klamath Tribes - Election Board
Appointed OR State - Board of Education
Appointed/Elected Klamath County School Board
Appointed Klamath County Local Alcohol & Drug Planning Comm.

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):

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Brenda A. Frank
Candidate's Signature

3/20/13
Date Signed

For Office Use Only

kmh
Initials

Cash, Check Number, or credit card approval #

70177
Receipt #

Withdrawal of Candidacy or Nomination

MAR 20 2013

SEL 150

rev 1/12 ORS 249.170, ORS 249.180
ORS 249.830, ORS 255.235

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Filing Information

- Secretary of State of Oregon Elections Division 255 Capitol ST NE, Suite 501 Salem, OR 97310
- County Elections Official Mail or deliver to County Elections Office
- City Recorder (Auditor) Mail or deliver to City Offices

Candidate and Nomination Information

Candidacy for Nomination Nomination to _____ Political Party

Candidate Name

Austin Folmaj

Section 7

Withdrawing from Candidacy or Nomination for Office of

District, Position or Zone Number (If applicable)

711 Roseway Drive

Residence Address, Street/Route

Klamath Falls

OR

97601

Klamath County

City

State

Zip

County of Residence

208-964-0712

Contact Phone

PO Box 371

Mailing Address (All correspondence will be sent to this address) Street/Route

Klamath Falls

OR

97601

City

State

Zip

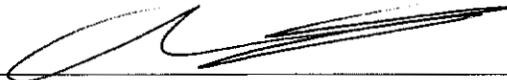
Withdrawal Reason (required)

I submit this notice of withdrawal from candidacy or nomination to the above named office. My reason for withdrawal is:

- filing in new zone

By signing this document, I hereby state that:

- I withdraw my candidacy or nomination for the office stated above and
- The reasons provided by me on this form for withdrawal are true.



3-20-2013

Candidate's Signature

Date Signed

2012 Withdrawal Deadlines

Primary Election: **March 9, 2012**

General Election: **August 31, 2012**

→ A candidate must withdraw by the 67th day before the date of the Primary or General Election (ORS 249.170, 249.180, 249.830 and 255.235)

Warning

Violating this restriction of the law may result in a fine of up to \$25,000 or imprisonment for up to 5 years, ORS 249.170

25,000

For Office Use Only

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District Candidate Filing

MAR 20 2013

SEL 190

rev 1/12. ORS 255.235

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Candidate Information			
Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
Austin Fohnagy		Austin Fohnagy	
Filing for Office of*		District and/or position (if applicable)*	
711 Roseway Drive		Klamath Falls Community College Section 5	
Residence Address, Street/Route*			
Klamath Falls		OR	97601 Klamath County
City*	State*	Zip*	County of Residence*
208-964-0712			
Home Phone	Work Phone	Cell Phone	Fax
foln2618@gmail.com		May 21st, 2013	
Email Address*		Date of Election*	
PO Box 371			
Mailing Address (where all correspondence will be sent) Street/route*			
Klamath Falls		OR	97601
City*	State*	Zip*	

* 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 and Employment specialist**

Occupational Background previous employment - paid or unpaid (required)

- Project Manager - Customer Impact
- Senior Student Fundraiser - University of Idaho
- President - Associated Students of North Idaho College

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
University of Idaho	16	Bachelors of science	Political science
University of Idaho	16	BS	Organization Science

Other:

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

Prior Governmental Experience elected or appointed (required)

Elected President of Associated Students of North Idaho College

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3-20-2013

Candidate's Signature

Date Signed

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LRM
Initials

162
Cash, Check Number, or credit card approval #

70195
Receipt #

District Candidate Filing

MAR 21 2013

SEL 190

rev 1/12; ORS 255.235

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Candidate Information			
Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
Rafael Ivan Hernandez		Rafael Ivan Hernandez	
Filing for Office of*		District and/or position (if applicable)*	
KCC		Zone 7	
Residence Address, Street/Route*			
2442 6th St			
City*	State*	Zip*	County of Residence*
Malin	OR	97632	Klamath
Home Phone	Work Phone	Cell Phone	Fax
		541-591-5373	
Email Address*		Date of Election*	
rafael-i-hernandez@hotmail.com		5-21-13	
Mailing Address (where all correspondence will be sent) Street/Route*			
PO Box 136			
City*	State*	Zip*	
Malin	OR	97632	

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

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

Required Information (not relevant if candidate is a non-resident)
Occupation present employment - paid or unpaid (required) Senior Chief Deputy Assessor - Klamath County
Occupational Background previous employment - paid or unpaid (required) Klamath County Assessor Feb. 2011 - Dec. 2012 Office Manager - Assessor's office Sept. 2008 - Dec. 2012 Appraiser - Assessor's office Jan. 2003 - present

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 Institute of Technology		BS	Business Management
Other:			

(continued)

SEL 190

Required information (if no relevant information, indicate "None")

Prior Governmental Experience elected or appointed (required)

Appointed Klamath County Assessor - Feb. 2011 - Dec. 2012

By signing this document, I hereby certify that:

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

Rachel Lynn Henning

Date Signed

03-20-13