

District Candidate Filing

FEB 15 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* Bill Paul Jennings		Candidate Name (As it should appear on ballot)* Bill Jennings	
Filing for Office of* Klamath Falls City School Board Zone 7		District and/or position (if applicable)*	
Residence Address, Street/Route* 1834 Birch Street			
City* Klamath Falls	State* OR	Zip* 97601	County of Residence* Klamath
Home Phone 541-331-6662	Work Phone	Cell Phone 541-331-6662	Fax
Email Address* bill.p.jennings@gmail.com		Date of Election*	
Mailing Address (where all correspondence will be sent) Street/Route* 1834 Birch Street			
City* Klamath Falls	State* OR	Zip* 97601	

* 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) Faculty / Department Chair Mathematics Klamath Community College
Occupational Background previous employment - paid or unpaid (required) Retail owner and Manager Educator in Mathematics

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
San Jose State University		BA	Mathematics
Oregon Institute of Technology		BS	Information Technology
Colorado State University			Statistics
University of Phoenix		MS	Mathematics Curriculum
Other:			

(continued)

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

Prior Governmental Experience elected or appointed (required)

Klamath Falls City School Board 2009-2013

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
Submitting false information on this form is a crime. If you are a candidate for a public office, you must file this form with the Oregon State Board of Elections (OSBE) by the deadline for filing. If you are not a candidate for a public office, you must file this form with the OSBE by the deadline for filing. For more information, see the OSBE website at www.osbe.or.gov or call the OSBE at (503) 326-2222.

Candidate's Signature

2-15-13

Date Signed

For Office Use Only

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Candidate Information

Candidate Legal Name*

Michael G. Moore

Candidate Name (As it should appear on ballot)*

~~Michael Moore~~ Mike Moore

Filing for Office of*

Klamath Falls City Schools School Board Member

District and/or position (if applicable)*

Zone 6 (at large position)

Residence Address, Street/Route*

2818 Front St.

City*

Klamath Falls

State*

OR

Zip*

97601

County of Residence*

Klamath

Home Phone

541-883-7713

Work Phone

541-892-1886

Cell Phone

541-892-1886

Fax

Email Address*

mymoorekf@gmail.com

Date of Election*

05/21/2013

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

2818 Front St.

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)

Business Owner

Occupational Background previous employment – paid or unpaid (required)

Subway Sandwich Franchise Owner - 1989 to present

Retail Grocery Management - 1983 to 1988

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

Bend Senior High School

12

High School Diploma

Willamette University

BS

Economics/Mathmatics

Other:

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

Prior Governmental Experience elected or appointed (required)

None

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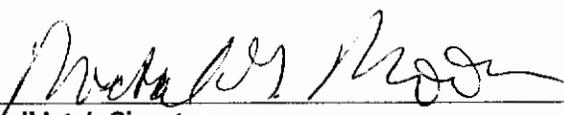
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Warning

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).

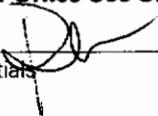


Candidate's Signature

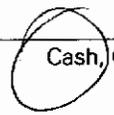
2-15-2013

Date Signed

For Office Use Only



Initials



Cash, Check Number, or credit card approval #

Receipt #

District Candidate Filing

MAR 11 2013

SEL 190

law 1/12: ORS 255.235

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Candidate Information

Candidate Legal Name* **Robert Sears** Candidate Name (As it should appear on ballot)* **Robert Sears**

Filing for Office of* **City School Board** District and/or position (if applicable)* **Zone 3 - Conger**

Residence Address, Street/Route* **720 Ponderosa Dr.**

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

Home Phone **(541) 8273-2061** Work Phone **(541) 883-1030** Cell Phone _____ Fax _____

Email Address* _____ Date of Election* **5/21/2013**

Mailing Address (where all correspondence will be sent) Street/Route* **720 Ponderosa Dr.**

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. — **Error R.S.**

Required Information (if no relevant information, list "none")

Occupation present employment – paid or unpaid (required) **OHSU / Cascade East Family Practice - Physician/Pediatrician/child Psychiatrist**

Occupational Background previous employment – paid or unpaid (required)

Faculty - OHSU Family medicine, Klamath Falls, OR 2006 - Present
medical Director - Juvenile Detention Hall - Klamath Falls, OR 2010 - 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
University of Kentucky Departments of Psychiatry & Pediatrics	Board certified	Adult Psychiatry / Pediatrics / child & Adolescent Psychiatry	
University of Kentucky College of Medicine	Completed	M.D.	Medicine
Earlham College	B.A.	BA - Biology	
Berea Community School, Berea, KY	12th	H.S.	

Other:

(continued)

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

Prior Governmental Experience elected or appointed (required)

Appointed to Zone 3 - Conger January 2013

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R. Leary, MD

Candidate's Signature

3/11/2013

Date Signed

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

Receipt #