

District Candidate Filing

MAR 13 2013

SEL 190

rev 1/12 DRS 255.235

i 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)*		
ROBERT A GROUNDS		ROBERT GROUNDS		
Filing for Office of*		District and/or position (if applicable)*		
MALIN CEMETARY ^{DIST} BOARD		BOARD MEMBER		
Residence Address, Street/Route*				
19110 DRABILL RD				
City*	State*	Zip*	County of Residence*	
MALIN	OR	97632	KLAMATH	
Home Phone	Work Phone	Cell Phone	Fax	
541-723-6690	541-723-2027	541-892-1572	541-723-2011	
Email Address*		Date of Election*		
		MAY 21 2013		
Mailing Address (where all correspondence will be sent) Street/Route*				
P.O BOX 201				
City*	State*	Zip*		
MALIN	OR	97632		
* 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)				
CITY OF MALIN (PUBLIC WORKS)				
Occupational Background previous employment - paid or unpaid (required)				
CITY OF MALIN, PUBLIC WORKS DIR				
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	
LOST RIVER HIGH	12			
Other:				

(continued)

SEL 190

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

Prior Governmental Experience elected or appointed (required)

PUBLIC WORKS CITY OF MALDEN
MALDEN PARK : REC DIST BUDGET COMMITTEE MEMBER

By signing this document, I hereby certify that:

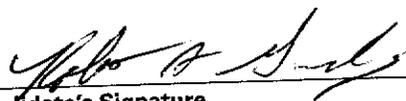
- I will qualify for said office if elected
- All information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

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

3-12-10
Date Signed

For Office Use Only


Initials

CA

Cash, Check Number, or credit card approval #

69877

Receipt #

MAR 15 2013

District Candidate Filing

SEL 190

rev 1/12: ORS 265.236

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Candidate Information

Candidate Legal Name* DENNIS A KALINA Candidate Name (As it should appear on ballot)* DENNIS KALINA

Filing for Office of* DIRECTOR District and/or position (if applicable)* MALIN COMMUNITY CEMETARY MAINTANCE DISTRICT

Residence Address, Street/Route* 2104 THIRD ST

City* MALIN State* OREGON Zip* 97632 County of Residence* KLAMATH

Home Phone 541/723-5431 Work Phone 541/723-2681 Cell Phone ----- Fax 541/723-2443

Email Address* ----- Date of Election* May 21, 2013

Mailing Address (where all correspondence will be sent) Street/Route* P.O. BOX 6 MALIN, OREGON 97632

City* MALIN State* OREGON 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) MERCHANT

Occupational Background previous employment - paid or unpaid (required) MERCHANT

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. Row 1: MALIN HIGH, OTI, UNV. OF OREGON, Completed, BA, optional.

Other:

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

Prior Governmental Experience elected or appointed (required)

DIRECTOR - MALIN COMMUNITY CEMETARY MAINTANCE 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

Check the applicable box (not applicable to candidates for federal office - US Senate and US Representative):

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[Handwritten Signature]

February 5, 2013

Candidate's Signature

Date Signed

For Office Use Only

*Needs 25 signatures
Received 28*

[Handwritten Initials]
Initials

Cash, Check Number, or credit card approval #

Receipt #