

District Candidate Filing

MAR 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*		Candidate Name (As it should appear on ballot)*	
JOHN A. HUGHTO		JOHN A. HUGHTO	
Filing for Office of*		District and/or position (if applicable)*	
BOARD MEMBER		MALIN PARK & REC. DISTRICT	
Residence Address, Street/Route*			
2147 6 TH ST.			
City*	State*	Zip*	County of Residence*
MALIN	OR	97632	KLAMATH
Home Phone	Work Phone	Cell Phone	Fax
541-723-4511	530-667-2264	541-891-9586	
Email Address*		Date of Election*	
JOHN@CALOREPRODUCE.COM		MAY 21ST 2013 SPECIAL DISTRICTS	
Mailing Address (where all correspondence will be sent) Street/Route*			
P.O. BOX 222			
City*	State*	Zip*	
MALIN	OR	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)

CAL-ORE PRODUCE

Occupational Background previous employment – paid or unpaid (required)

JM PRODUCE MALIN, OR

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
CORTER HIGH	GED		

Other:

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

Prior Governmental Experience elected or appointed (required)

MALIN PLANNING
COUNCILPERSON, CITY OF MALIN
CODE ENFORCEMENT CITY OF MALIN

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

2-18-2013
Date Signed

For Office Use Only

Initials

signatures
rec'd 25 rec'd 30.

Cash, Check Number, or credit card approval #

Receipt #

District Candidate Filing

MAR 15 2013

SEL 190

rev 1/17: ORS 255.235

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

Candidate Information

Candidate Legal Name*

Phillip W. Beasley

Candidate Name (As it should appear on ballot)*

Phil Beasley

Filing for Office of*

Park Board Member

District and/or position (if applicable)*

Malin Park District

Residence Address, Street/Route*

3046 Bryant St.

City*

Malin

State*

OR

Zip*

97632

County of Residence*

Klamath

Home Phone

(541) 723-2247

Work Phone

(541) 723-2261

Cell Phone

Fax

Email Address*

-

Date of Election*

May 21, 2013 Special District

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

P.O. Box 243

City*

Malin

State*

OR

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)

Klamath County School District

Occupational Background previous employment - paid or unpaid (required)

Night Custodian

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 School 12th grade

Other:

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

Prior Governmental Experience elected or appointed (required)

Malin City Council
Former Malin Park Board Member

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Phillip W. Beasley

3-13-13

Candidate's Signature

Date Signed

For Office Use Only

WMB

Initials

CA

Cash, Check Number, or credit card approval #

70001

Receipt #

District Candidate Filing

MAR 19 2013

SEL 190
see W2: ORS 725.720

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

Candidate Information

Candidate Legal Name*

THOMAS D CLARK

Candidate Name (As it should appear on ballot)*

TOM CLARK

Filing for Office of*

MALIN PARK BOARD

District and/or position (if applicable)*

MALIN PARK DISTRICT

Residence Address, Street/Route*

35520 STASTNY Rd PO Box 192

City*

MALIN

State*

OR

Zip*

97632

County of Residence*

KLAMATH

Home Phone

Work Phone

Cell Phone

Fax

541-723-3991

541-891-8737

541-223-2059

Email Address*

Date of Election*

~~General~~ ~~Electoral~~ ~~Election~~ Special District 5/21/13

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

PO Box 192

City*

MALIN

State*

OR

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)

BASIN BAG CO - PAID

Occupational Background previous employment - paid or unpaid (required)

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

GRADUATED LAST RIVER HIGH SCHOOL

Other:

(continued)

SEL 190

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

Prior Governmental Experience elected or appointed (required)

N/A

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Thomas D Coard
Candidate's Signature

1-10-2013
Date Signed

For Office Use Only

EM
Initials

MALPRX-2
Cash, Check Number, or credit card approval #

NA
Receipt #

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Candidate Information

Candidate Legal Name*

Genevieve C. Broussard

Candidate Name (As it should appear on ballot)*

Genny Broussard

Filing for Office of*

Board Member

District and/or position (if applicable)*

Malin Park & Recreation District

Residence Address, Street/Route*

30976 Transformer Road

City*

Malin

State*

OR

Zip*

97632

County of Residence*

Klamath

Home Phone

541-723-3347

Work Phone

Cell Phone

Fax

Email Address*

Squeeky_777@yahoo.com

Date of Election*

Special Election May 21, 2013

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

PO Box 468

City*

Malin

State*

OR

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)

none

Occupational Background previous employment – paid or unpaid (required)

Jan 2010 - Aug 2010 US Census Bureau - Bend/Redmond, OR

Aug 2007 - Mar 2008 Department of Homeland Security - Klamath Falls, OR

Nov 1999 - Mar 2000 United States Postal Service - Bonanza, OR

Jan 1997 - July 1995 United Parcel Service - Ontario, CA

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

2004 B.S., Business Management

Marketing

Oregon Institute of Technology

2003 B.S., Business Management

Small Business/Entrepreneurship

Oregon Institute of Technology

2000 A.A.S., Applied Associated Science

Office Systems Technology

Oregon Institute of Technology

2003 Certificate

Accounting

Other:

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

Prior Governmental Experience elected or appointed (required)

n/a

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McBroward

Candidate's Signature

Mar. 21, 2013

Date Signed

For Office Use Only

rmh
Initials

5734

Cash, Check Number, or credit card approval #

70225

Receipt #