

**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)* |                      |
| JEANDEAN BARGER   |            | JEANDEAN BARGER                                 |                      |
| Filing for Office of*   |            | District and/or position (if applicable)*       |                      |
| President   |            | Modoc Point 8                                   |                      |
| Residence Address, Street/Route*                                      |            |   |                      |
| 24515 MODOC POINT Road  |            |   |                      |
| City*   | State*     | Zip*  | County of Residence* |
| Chiloquin   | Oregon     | 97624   | Klamath              |
| Home Phone  | Work Phone | Cell Phone                                      | Fax                  |
|   |            | 54-892-7159                                     |                      |
| Email Address*  |            | Date of Election*                               |                      |
|   |            | May 21, 2013                                    |                      |
| Mailing Address (where all correspondence will be sent) Street/Route* |            |   |                      |
|   |            |   |                      |
| City*   | State*     | Zip*  |                      |
| Chiloquin   | Oregon     | 97624   |                      |

\* 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 (If no relevant information, list "none")          |
|---|
| Occupation present employment - paid or unpaid (required)               |
| <del>none</del> Secretary - Treasurer Modoc Point Sanitary District     |
| Occupational Background previous employment - paid or unpaid (required) |
| Secretary - Treasurer - Modoc Point Sanitary District.                  |

| 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 |
| G.E.D.   | 12                         |   |                          |
| Other:   |                            |   |                          |

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

Prior Governmental Experience elected or appointed (required) 2000-2010, during rebuild of system.  
Secretary - Treasurer M.P.S.D. 2011-2013  
Chair, 4 years, Klamath County Extension Group Shasta Homedale.  
Treasurer - Women of the Moose, -1975(?) 1982-1986(?)  
Treasurer Bly Mountain Womens Club, 1996 appof.

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.

Candidate's Signature

Jearldean Barger

Date Signed

March 18, 2013

For Office Use Only

Initials

Candidate Number or district name

Receipt #

**District Candidate Filing**

MAR 19 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)* |                      |  |
| TINA MARIE PIPER  |            | TINA M. PIPER                                   |                      |  |
| Filing for Office of*   |            | District and/or position (if applicable)*       |                      |  |
| SECRETARY   |            | MODOC POINT SEWER DISTRICT                      |                      |  |
| Residence Address, Street/Route*                                      |            |   |                      |  |
| 24444 MODOC POINT RD  |            |   |                      |  |
| City*   | State*     | Zip*  | County of Residence* |  |
| CHILOQUIN   | OR         | 97624   | KLAMATH              |  |
| Home Phone  | Work Phone | Cell Phone                                      | Fax                  |  |
| 541-783-3194  |            | 541-591-6803                                    |                      |  |
| Email Address*  |            | Date of Election*                               |                      |  |
| * Dogstar2013.tp@gmail.com  |            | 5-21-13   |                      |  |
| Mailing Address (where all correspondence will be sent) Street/Route* |            |   |                      |  |
| 24444 MODOC POINT RD  |            |   |                      |  |
| City*   | State*     | Zip*  |                      |  |
| CHILOQUIN   | OR         | 97624   |                      |  |

\* 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 (if no relevant information, list "none")   |
|--|
| Occupation present employment - paid or unpaid (required)  |
| STUDENT - KCC  |
| Occupational Background previous employment - paid or unpaid (required)                                    |
| 7 YEARS CUST. CARE REP. AT NEW.<br>2 YEARS INSURANCE AGENT FOR WEST COAST<br>1 YEARS - MILL WORK - JED-WEN |

| 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 |
| CAMPO ELEMENTARY   | 6                          | #   |                          |
| MOUNTAIN EMPIRE HIGH SCHOOL  | 12                         | DIPLOMA   |                          |

Other:

(continued)

**SEL 190**

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

Prior Governmental Experience elected or appointed (required)

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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- 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.

  
*Lina M. Piper*  
Candidate's Signature

*3-18-2013*  
Date Signed

