

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

Candidate Information

Candidate Legal Name\*

RICHARD I LEHRMAN

Candidate Name (As it should appear on ballot)\*

RICHARD LEHRMAN

Filing for Office of\*

DIRECTOR

District and/or position (if applicable)\*

MI LAKI CEMETERY MAINT. DIST.

Residence Address, Street/Route\*

14161 MANN RD

City\*

KLAMATH FALLS

State\*

OR

Zip\*

97603

County of Residence\*

KLAMATH

Home Phone

541-884-5793

Work Phone

Cell Phone

541-891-7494

Fax

Email Address\*

SKIP@FIRESEWER.NET

Date of Election\*

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

14161 MANN RD

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)

RETIRED MACHINIST

Occupational Background previous employment - paid or unpaid (required)

OWNER PTL MACHINE & FABRICATION

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

O.T.I.

11

AA

Other:

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

**Prior Governmental Experience** elected or appointed (required)

NONE

**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).

*Richard J. Saloman*  
Candidate's Signature

3-10-13  
Date Signed

**For Office Use Only**

*URM*  
Initials

5776  
Cash, Check Number, or credit card approval #

70005  
Receipt #

District Candidate Filing

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Candidate Information

Candidate Legal Name\* Frank A Anderson Candidate Name (As it should appear on ballot)\* Frank A Anderson

Filing for Office of\* Director District and/or position (if applicable)\* Mt Laki Cemetery Maint. Dist.

Residence Address, Street/Route\* 825 Old Midland Road

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

Home Phone 541-882-8159 Work Phone same Cell Phone same Fax NA

Email Address\* anderson@fireserve.net Date of Election\* May 21, 2013

Mailing Address (where all correspondence will be sent) Street/Route\* 825 Old Midland Road

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) FARMING

Occupational Background previous employment - paid or unpaid (required) NONE

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 OREGON BA
HENLEY

Other:

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

Prior Governmental Experience elected or appointed (required)

DIRECTOR MT LAKE CEMETARY DISTRICT

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Frank Anderson  
Candidate's Signature

March 10, 2013  
Date Signed

For Office Use Only

Yema  
Initials

5775  
Cash, Check Number, or credit card approval #

10004  
Receipt #