

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)*	
Constance-Lorayne-Duryee		Lorayne Duryee	
Filing for Office of*		District and/or position (if applicable)*	
BOARD Member #3		Pine Grove WATER DISTRICT	
Residence Address, Street/Route*			
12124 Mallory Dr.			
City*	State*	Zip*	County of Residence*
Klamath Falls	OR	97603	KIAMATH
Home Phone	Work Phone	Cell Phone	Fax
541-884-7509	NA		
Email Address*		Date of Election*	
deputyinPet@charter.net			
Mailing Address (where all correspondence will be sent) Street/Route*			
Same as Above			
City*	State*	Zip*	

* 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)

Occupational Background previous employment - paid or unpaid (required)

Bookkeeper, waitress, Bartender, Rest. Manager
Weyerhaeuser

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
KUHS	12		

Other:

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

Prior Governmental Experience elected or appointed (required)

PART TIME CORRECTION OFFICER
PINE GROVE WATER DIST. BOARD

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).

Constance Laryne Dwyer
Candidate's Signature

2-18-03
Date Signed

For Office-Use Only

DL
Initials

8526
Cash, Check Number, or credit card approval #

69427
Receipt #

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Candidate Information

Candidate Legal Name* THOMAS H. DURYEE		Candidate Name (As it should appear on ballot)* Tom DURYEE	
Filing for Office of* BOARD Member #5		District and/or position (if applicable)* PINE GROVE WATER DISTRICT	
Residence Address, Street/Route* 12124 MALLORY DR,			
City* KLAMATH FALLS	State* OR	Zip* 97603	County of Residence* KLAMATH
Home Phone 541 884-7509	Work Phone N/A	Cell Phone	Fax
Email Address* deputy_npet@charter.net		Date of Election*	
Mailing Address (where all correspondence will be sent) Street/Route* SAME AS ABOVE			
City*	State*	Zip*	

* 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)

Occupational Background previous employment - paid or unpaid (required)

KLAMATH FALL CITY POLICE
KLAMATH Co SHERIFF
OLCC INSPECTOR

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
Leavenworth Central	12		
FBI NATIONAL ACADEMY			LAW Enforcement.
VARIOUS COLLEGE LEVEL LAW ENFORCEMENT COURSES.			
OREGON POLICE ACADEMY			

Other:

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

Prior Governmental Experience elected or appointed (required)

Klamath County Sheriff AT
Pine Grove Water District Board Member.

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Thomas H. Dwyer
Candidate's Signature

2/10/13
Date Signed

For Office Use Only

Initials *TD* Cash, Check Number, or credit card approval # *9526* Receipt # *69427*