VOTER
FEB 19 2015
REGISTRATION

Candidate Filing
District

SEL 190
rev 01/14
ORS 255.235

All information must be completed or the form will be rejected.

This filing is an ☒ Original ☐ Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
STEVEN	E	Cornell		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Steve		Cornell	

Candidate Residence/Route Address

Street Address	City	State	Zip
19156 Edler	Bly	OR	97622

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 124	Bly	OR	97622

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
		541-891-0501	

Email Address	Web Site, if applicable

Filing Information

☑ Filing with the required $10.00 fee

☐ Prospective Petition

Office Information

Filing for Office of: Bly Water & Sewer District (13)

District, Position or County: Position 5

Occupation (present employment) If no relevant experience, None or NA must be entered.

retired

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

N/A

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Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
NA			

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

NA

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

☐ Yes, I have a candidate committee.

☒ No, 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 Campaign Finance Manual.

☐ No, but will be filing a Statement of Organization for Candidate Committee (5EL 220).

By signing this document, I hereby state that:

→ I will qualify for said office if elected

→ all information provided by me on this form is true to the best of my knowledge

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). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Candidate's Signature 2/17/15 **Date Signed**

For Office Use Only Initials YRM CC Approval Code/Receipt Number 94400

Candidate Filing
District

MAR 19 2015

SEL 190
rev 01/14
ORS 255.235

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Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Daniel	C	Howard		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Dan		Howard	

Candidate Residence/Route Address

Street Address	City	State	Zip
19026 Crane ST	Bly	Ore	97622

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 195	Bly	Ore	97622

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
NA	NA	541-591 3181	NA

Email Address	Web Site, if applicable
NA	

Filing Information

☒ Filing with the required $10.00 fee

☐ Prospective Petition

Office Information

Filing for Office of: Director

District, Position or County: Bly Water + Sanitary District / Position 3

Occupation (present employment) If no relevant experience, None or NA must be entered.

ODOT

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Plow Snow

Continued on the reverse side of this form

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Lakeview High	12	none	none

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

Bly Veator Contol 8yrs
Bly Water 4yrs

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

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(ORS 249.013 and ORS 249.170)

[signature] 3-16-15

Candidate's Signature **Date Signed**

For Office Use Only Initials _____ CC Approval Code/Receipt Number _____

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District

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Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
FRANCES	E	DAVIS		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
FRANKIE	E	DAVIS	

Candidate Residence/Route Address

Street Address	City	State	Zip
18918 Edler	Bly	OR	97622

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
Box 293	Bly	OR	97622

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
—	541-353-2496	—	—

Email Address	Web Site, if applicable
N/A	N/A

Filing Information

☒ Filing with the required $10.00 fee

☐ Prospective Petition

Office Information

Filing for Office of: Board of director Bly Water & Sanitary

District, Position or County: Position #5

Occupation (present employment) If no relevant experience, None or NA must be entered.

Retired

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Klamath County School District

Continued on the reverse side of this form

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Bakeview Senior High	12	X	General

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

Vector Board 8 years -

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

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Frankie Davis — 3-12-15

Candidate's Signature — **Date Signed**

For Office Use Only Initials _____ CC Approval Code/Receipt Number _____

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District

MAR 19 2015

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ORS 255.235

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This filing is an [X] Original [ ] Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Bill	C	Essig		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Bill	C	Essig	

Candidate Residence/Route Address

Street Address	City	State	Zip
62178 Hwy 140E	Bly	Or	97622

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 28	Bly	Or	97622

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-353-2271	—	541-891-2562	541-353-2273

Email Address	Web Site, if applicable
—	—

Filing Information

[X] Filing with the required $10.00 fee

[ ] Prospective Petition

Office Information

Filing for Office of: Director

District, Position or County: Bly Water + Sanitary District / Position 4

Occupation (present employment) If no relevant experience, None or NA must be entered.

Self Employed.

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Store Owner

Continued on the reverse side of this form

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Oregon City High School	12th		General

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

6 years Bly Water
9 years Enterprise Water

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

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Bill Essegi — 3/16/15

Candidate's Signature — **Date Signed**

For Office Use Only Initials _____ CC Approval Code/Receipt Number_____

VOTER
MAR 1 8 2015
REGISTRATION

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District

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ORS 255.235

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Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Michael	T.	Harding		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Michael		Harding	

Candidate Residence/Route Address

Street Address	City	State	Zip
18022 Edler St #7	Bly	Or	97622

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 205	Bly	Or	97622

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541 281 6946	541 281 6946	541 281 6946	none

Email Address	Web Site, if applicable
none	none

Filing Information

[X] Filing with the required $10.00 fee

[ ] Prospective Petition

Office Information

Filing for Office of: Board of Directors: Bly Water + Sanitary District Position #2

District, Position or County: Bly Water + Sanitary Position 2 Klamath County

Occupation (present employment) If no relevant experience, None or NA must be entered.

Landlord and Driver for County Schools

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

25 yrs in Construction field: new Homes + remodels

Continued on the reverse side of this form

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
St Elizabeth's High	12 senior	Diploma	general
Cal State Hayward	Freshman	none	general/math major

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

N.A.

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

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Michael T. Harding

Candidate's Signature

03-18-2015

Date Signed

For Office Use Only Initials _____ CC Approval Code/Receipt Number 95375.