

Candidate Filing
District

FEB 17 2015

SEL 190

rev 01/14
ORS 255.235

i 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
Lori	J	Theros	MRS.	

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Lori		Theros	MRS.

Candidate Residence/Route Address

Street Address	City	State	Zip
1641 Lancaster Ave	Klamath Falls	OR	97601

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
Same as above			

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
X 132 541-783-2219	—	541-690-2514	—
Email Address	Web Site, if applicable		
janelori757@yahoo.com	—		

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Position 4 Klamath Falls City School Board

District, Position or County: Zone 2

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

TANF Case Manager - Klamath Tribes since 2011

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

Organization of the Forgotten American - Employment Specialist since 1990 - 2011

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
Sacred Heart Academy	12th	Hs Diploma	general
Southern Oregon College	13th	no	Business Law

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.

Klamath Falls City School Board since 1994 - present
Oregon School Board Association since ~~2009~~ 2010 - present

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 (SEL 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)

John J. Thomas
Candidate's Signature

2-13-15

Date Signed

For Office Use Only Initials

JK

CC Approval Code/Receipt Number

check 6633
94246

Candidate Filing
District

REGISTRATION

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Donald	A	Ambers		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Donald	A	Ambers	

Candidate Residence/Route Address

Street Address	City	State	Zip
2235 GARDEN AVE	KLAMATH FALLS	OR	97601

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
SAME			

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
NONE	541-884-6180	541-891-8609	NONE
Email Address swoRidr@CHARTER.NET		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: COUNTY CLERK CITY SCHOOL BOARD

District, Position or County: Vote 4

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.

TOUGH 13 yr of VOCATIONAL SCHOOL + CARPENTERSHIP
5 yr fair board.

43 yr CONSTRUCTION: KFALLS, BUSINESS AGENT FOR LOCAL 190

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
KLAM UNION HIGH SCHOOL	12 GRADE	Diploma 4yr DEGREE IN CARPENTRY	OREGON STATE APPRENTICE IN CARPENTRY

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.

CITY PARK & REC BOARD	MILLS SCHOOL COMMITTEE
CITY PLANNING BOARD	KU SCHOOL COMMITTEE
KLAM HOMZ BUILDERS	KIGEL ASSOC BOARD
	COMMISSIONER OF BABE RUTH BASEBALL

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

Candidate Committee

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Don A Ambzas

Candidate's Signature

2-26-2015

Date Signed

For Office Use Only

Initials

DA

CC Approval Code/Receipt Number

94867

**Candidate Filing
District**

MAR 11 2015

SEL 190

rev 01/14
ORS 255.235

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Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
JEREMY	E.	PLAYER		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
JEREMY	E	PLAYER	

Candidate Residence/Route Address

Street Address	City	State	Zip
1620 N. Eldorado Ave	Klamath Falls	OR	97601

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
SAA			

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-850-3658		541 238-3310	
Email Address HJ Player1959@gmail.com		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Klamath Falls City School Board
District, Position or County: ZONE 1 Roosevelt Attendance Area

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

Department of Human Services, District Manager
Child Welfare, Self Sufficiency

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

Department of Health & Welfare, Regional Manager, (Idaho)
Managed, Child Welfare, Mental Health, Daycare Licensing.

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
Ramona High school	12th	Diploma	Gen. Ed.
Loma Linda University	undergrad	Degree	Social Work

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.

Child Welfare Improvement Committee - Idaho
School Attendance Review Board - California
W.E. Stipend Review Committee

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

Candidate Committee

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Candidate's Signature

March 11, 2015

Date Signed

For Office Use Only Initials

CC Approval Code/Receipt Number

95096

Candidate Filing
District

REGISTRATION

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This filing is an Original Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Minda	A	Milani		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Minda		Milani	

Candidate Residence/Route Address

Street Address	City	State	Zip
1016 Owens St.	Klamath Falls	OR.	97601

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
SAME			

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
		541-892-1370	
Email Address		Web Site, if applicable	
mindamilani@charter.net			

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of: Mills school board representative Zone 4
 District, Position or County:

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

Western Beverage

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

N/A

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
Klamath Union	12	Diploma	
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.

School board member 6 years

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

Candidate Committee

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Minda Pilawa

Candidate's Signature

3-11-15

Date Signed

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District**

VOTER

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ORS 255.235

MAR 17 2015

REGISTRATION
Amendment

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Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Mychal	B	Amos		PharmD

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Mychal	B	Amos	

Candidate Residence/Route Address

Street Address	City	State	Zip
2530 Cascade Lane	Klamath Falls	OR	97601

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
Same as above			

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
(541) 274-3784	(541) 273-2093	(541) 331-7324	(541) 274-3777
Email Address		Web Site, if applicable	
mamas@skylakes.org			

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of:
District, Position or County: City School Board Zone 3

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

Director of Pharmacy Services, Sky Lakes Medical Center

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

N/A

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
Chiloquin High School	12	Diploma	General
Oregon Institute of Technology	N/A	Degree	Bachelor of Health Sciences
Oregon State University Doctor of Pharmacy	N/A	Degree	Doctor of Pharmacy
Oregon Health Science University Doctor of Pharmacy	N/A	Degree	Doctor of Pharmacy

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

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Candidate's Signature

3/16/15

Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____

Candidate Filing
District

VOTER
MAR 18 2015

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Trina	S	Perez	—	—

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Trina	S	Perez	—

Candidate Residence/Route Address

Street Address	City	State	Zip
639 Buena Vista St.	Klamath Falls	OR	97601

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
639 Buena Vista St.	Klamath Falls	OR	97601

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-882-8846	541-885-4863	—	—

Email Address	Web Site, if applicable
jtperetzfam5@gmail.com	—

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of: Klamath Falls City Schools Board
District, Position or County: Zone 5 (Pelican)

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

Klamath County - Public Health Nurse

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

Klamath Heart Clinic - RN
Merle West Medical Center - RN (Family Birthing Center, Orthopedic/Neurology Floor)

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 Health Sciences University	BSN	Bachelor's Degree	Nursing
Oregon Institute of Technology	AA	Associate of Arts	General
MaZama High School	DIP 12	Diploma	
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.
 Klamath Falls City Schools Board - appointed position 2009-2011
 Klamath Falls City Schools Board - Elected 2011 - current

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

Candidate Committee

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 Candidate's Signature

03/13/15
 Date Signed

For Office Use Only Initials BK CC Approval Code/Receipt Number 9538 / Clark

**Candidate Filing
District**

**VOTER
MAR 19 2015**

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Christopher	J	Syrnyk		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Christopher	J	Syrnyk	

Candidate Residence/Route Address

Street Address	City	State	Zip
443 N LAGUNA ST.	KLAMATH FALLS	OR	97601

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
443 N LAGUNA ST.	KLAMATH FALLS	OR	97601

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-851-5258		541-539-9020	

Email Address: cjsyrnyk@gmail.com Web Site, if applicable: Please look for Facebook page.

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: City School Board, Board of Directors
District, Position or County: Zone 1, Roosevelt Attendance Area, City of Klamath Falls

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

Assistant Professor, Oregon Tech, Communication Dept.

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

Coordinator, Online Writing Center, University of Wisconsin-Madison
Adjunct Instructor, Madison Area Technical College, Madison, Wisconsin

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. John the Baptist Catholic School	8th	Diploma	Elementary, Middle Sch.
La Salle Catholic College Preparatory	12th	Diploma	High School
University of Oregon	B.A. and M.A.	Degrees	Russian Language
Virginia Polytechnic and State University	M.A.	Degree	English

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

The University of Wisconsin-Madison | Ph.D. / Expected 2015 | English

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

None.

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

Candidate Committee

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Christopher J. Syronyk

Candidate's Signature

3-18-2015

Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____