

**Candidate Filing  
District**

MAR 16 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
Michael	D.	Ayers		

**How you would like your name to appear on the ballot**

First	MI	Last	Suffix
Mike		Ayers	

**Candidate Residence/Route Address**

Street Address	City	State	Zip
137386 Main St.	Crescent	OR	97733

**Candidate Mailing Address**

Street Address or PO Box	City	State	Zip
P.O. Box 861	Gilchrist	OR	97737

**Contact Information: Only one phone number is required.**

Work Phone	Home Phone	Cell Phone	Fax
	1-541-433-5444		

Email Address	Web Site, if applicable
eggflatts@hotmail.com	

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Office Information**

Filing for Office of: Crescent Sanitary District Position 2

District, Position or County: Crescent Sanitary District, Position 2, Klamath County

**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.**

Construction

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SEL 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
Taft Junior College			

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.

Appointed Board Member of the Crescent Sanitary District

**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)

  
Candidate's Signature

March 9, 2015

Date Signed

For Office Use Only Initials \_\_\_\_\_

CC Approval Code/Receipt Number \_\_\_\_\_

**Candidate Filing  
District**

MAR 18 2015

SEL 190

rev 01/14  
ORS 255.235

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Original

Amendment

Candidate Information				
Name of Candidate				
First	MI	Last	Suffix	Title
Charles	E	Defoe	Jr.	

How you would like your name to appear on the ballot			
First	MI	Last	Suffix
Chuck		Defoe	

Candidate Residence/Route Address			
Street Address	City	State	Zip
136853 Highway 97	Crescent	OR	97733

Candidate Mailing Address			
Street Address or PO Box	City	State	Zip
P.O. Box 290	Crescent	OR	97733

Contact Information: Only one phone number is required.			
Work Phone	Home Phone	Cell Phone	Fax
1-541-433-2530			

Email Address	Web Site, if applicable
chuck@kenssportinggoods-or.com	

Filing Information
<input checked="" type="checkbox"/> Filing with the required \$10.00 fee
<input type="checkbox"/> Prospective Petition

Office Information
Filing for Office of: CRESCENT SEWER BOARD
District, Position or County: KLAMATH COUNTY, #1 POSITION

Occupation (present employment) if no relevant experience, None or NA must be entered.
Business owner/Propieter

Occupational Background (previous employment) if no relevant experience, None or NA must be entered.
Self employed since 1995 Sales Management

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SEL 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
Lane Community College			

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.**

Elected Board Member of the Crescent Sanitary District

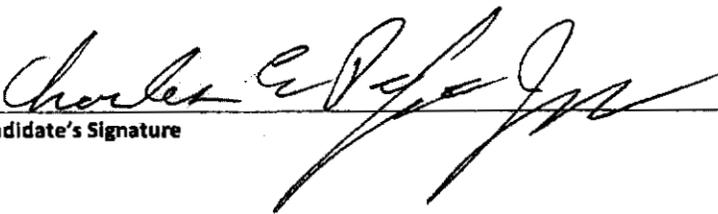
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By signing this document, I hereby state that:

- I will qualify for said office if elected
- all information provided by me on this form is true to the best of my knowledge



Candidate's Signature

March 17, 2015

Date Signed

For Office Use Only Initials \_\_\_\_\_

CC Approval Code/Receipt Number \_\_\_\_\_