

**Candidate Filing
District**

FEB 09 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 |
|--------|----|--------|--------|-------|
| Duncan | C | Kilner | | |

How you would like your name to appear on the ballot

| First | MI | Last | Suffix |
|--------|----|--------|--------|
| Duncan | C | Kilner | |

Candidate Residence/Route Address

| Street Address | City | State | Zip |
|-----------------|---------------|-------|-------|
| 7606 Steens Dr. | 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 |
|--------------|--------------|--------------|-----|
| 541-882-3451 | 541-884-5658 | 541-891-1728 | |

| Email Address | Web Site, if applicable |
|----------------------|-------------------------|
| duncank@jeld-wen.com | |

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Director Keno Rural Fire District
District, Position or County: Position 4

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

JELD-WEN - manager

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

35 years

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 |
|---------------------------------------|----------------------|----------------------------|-----------------|
| Orzgon State University | | BS | Business |
| | | | |
| | | | |

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.

3 yrs Dirzator for Keno Rural Fire 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

2/5/15

Date Signed

For Office Use Only

Initials

CC Approval Code/Receipt Number

Candidate Filing

District

REGISTRATION

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 |
|--------|---------|-------------|--------|-------|
| MARIAN | "Diann" | Walker-Pope | Mrs | |

How you would like your name to appear on the ballot

| First | MI | Last | Suffix |
|-------|----|-------------|--------|
| Diann | | Walker-Pope | Mrs |

Candidate Residence/Route Address

| Street Address | City | State | Zip |
|--------------------------|---------------|-------|-------|
| 6881 Hwy 166 | Klamath Falls | OR | 97603 |
| Street Address or PO Box | City | State | Zip |
| SAB | Klamath Falls | OR | 97603 |

Contact Information: Only one phone number is required.

| Work Phone | Home Phone | Cell Phone | Fax |
|-------------------------|-------------------------|--------------|--------------|
| 541 884-1670 | 541 273 0413 | 541-892-0898 | 541 850 9792 |
| Email Address | Web Site, if applicable | | |
| Walkerpop@a charter.net | | | |

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Keno Rural Fire Board of Directors

District, Position or County: Keno Rural Fire Districts Position 3

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

KCFD #4, SLMC and self employed

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

SLMC -
Cell Tech
Self employed

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 |
|--|----------------------|-----------------------------|-----------------|
| KCC Klamath Comm. College Hervey High | 12 | EMT Intermediate diploma | EMS |
| | | | |

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

ISHM - Certified Safety & Health Manager

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

Volunteer with Klamath County Fire dist #4 for 25 years

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)

Marianne Wacker Pope
Candidate's Signature

2/11/15
Date Signed

Candidate Filing
District

FEB 24 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 | DAVID | MI | R | Last | KLOOSTER | Suffix | Title |
|-------|-------|----|---|------|----------|--------|-------|

How you would like your name to appear on the ballot

| | | | | | | | |
|-------|-------|----|--|------|----------|--------|--|
| First | DAVID | MI | | Last | KLOOSTER | Suffix | |
|-------|-------|----|--|------|----------|--------|--|

Candidate Residence/Route Address

| | | | | | | | |
|----------------|----------------------------|------|------|-------|----|-----|-------|
| Street Address | 12045 WHISPERING PINES DR. | City | KENO | State | OR | Zip | 97627 |
|----------------|----------------------------|------|------|-------|----|-----|-------|

Candidate Mailing Address

| | | | | | | | |
|--------------------------|--------------|------|------|-------|----|-----|-------|
| Street Address or PO Box | P.O. BOX 615 | City | KENO | State | OR | Zip | 97627 |
|--------------------------|--------------|------|------|-------|----|-----|-------|

Contact Information: Only one phone number is required.

| | | | |
|---------------|-------------------------|------------|-----|
| Work Phone | Home Phone | Cell Phone | Fax |
| | 541-884-6435 | | |
| Email Address | Web Site, if applicable | | |

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: DIRECTOR
District, Position or County: KENO RURAL FIRE PROTECTION DISTRICT, POSITION 3

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

NA

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

NA

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.

DIRECTOR, KENO RURAL FIRE PROTECTION 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)

[Handwritten Signature]

Candidate's Signature

02-24-2015

Date Signed

For Office Use Only Initials

[Handwritten Initials]

CC Approval Code/Receipt Number

[Handwritten Code] 94534

**Candidate Filing
District**

**VOTER
MAR 05 2015**

SEL 190
rev 01/14
ORS 255.235

REGISTRATION

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 |
|-------|----|--------|--------|-------|
| LISA | G. | ANGLIN | | |

How you would like your name to appear on the ballot

| First | MI | Last | Suffix |
|-------|----|--------|--------|
| LISA | | ANGLIN | |

Candidate Residence/Route Address

| Street Address | City | State | Zip |
|-----------------------|---------------|-------|-------|
| 15117 STAGECOACH ROAD | KLAMATH FALLS | OR | 97607 |

Candidate Mailing Address

| Street Address or PO Box | City | State | Zip |
|--------------------------|------|-------|-------|
| PO BOX 41 | KENO | OR | 97627 |

Contact Information: Only one phone number is required.

| Work Phone | Home Phone | Cell Phone | Fax |
|------------|--------------|------------|-----|
| | 541-885-7387 | | |

| Email Address | Web Site, if applicable |
|--------------------|-------------------------|
| lganglin@gmail.com | |

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of: DIRECTOR, KENO RURAL FIRE PROTECTION DISTRICT
District, Position or County: POSITION 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.

ADJUNCT INSTRUCTOR, KLAMATH COMMUNITY COLLEGE
RED CROSS VOLUNTEER DISASTER SERVICES COORDINATOR AND MILITARY CASEWORKER (CA)
FORMER VOLUNTEER FIREFIGHTER/EMT/DISASTER SERVICES COORDINATOR (WA)

| 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 INSTITUTE OF TECHNOLOGY | | BACHELOR OF SCIENCE with MINOR | OPERATIONS MGMT TECHNICAL WRITING |
| KIAMATH COMMUNITY COLLEGE | | ASSOCIATE OF APPLIED SCIENCE | ACCOUNTING |
| 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.
 CHAIRMAN, KENO COMMUNITY ACTION TEAM
 FORMER MENTOR COORDINATOR, KIAMATH COUNTY VETERANS TREATMENT COURT

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

Candidate Committee

Yes, I have a candidate committee.

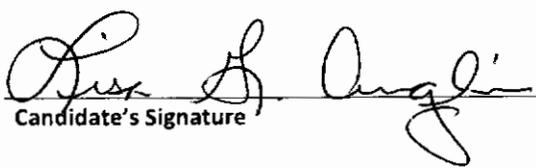
No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign 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

5 MARCH 2015
 Date Signed

**Candidate Filing
District**

**VOTER
MAR 16 2015**

SEL 190

rev 01/14
ORS 255.235

REGISTRATION

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

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First Debra MI A Last Neely Suffix Title

How you would like your name to appear on the ballot

First Debra MI Last Neely Suffix

Candidate Residence/Route Address

Street Address City State Zip
9110 Mc Laughlin Ln Klamath Falls OR 97601

Candidate Mailing Address

Street Address or PO Box City State Zip
- - - -

Contact Information: Only one phone number is required.

Work Phone Home Phone Cell Phone Fax
541-884-1545 (541) 203-3948 541-539-8588

Email Address Web Site, if applicable

debineely26@hotmail.com

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Board of Directors

District, Position or County: Keno Rural fire District Position 4 - Klamath

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

Owner of Keno Grill

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

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 |
|---------------------------------------|----------------------|----------------------------|-----------------|
|---------------------------------------|----------------------|----------------------------|-----------------|

| | | | |
|---------------------|----|--|--|
| De Anza High School | 12 | | |
| | | | |
| | | | |

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.

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)

Debra A. Neely
Candidate's Signature

3-16-15

Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____