

Candidate Filing
District

VOTER
MAR 17 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
Michael		Eugene		SHULTS

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Michael		Eugene	SHULTS

Candidate Residence/Route Address

Street Address	City	State	Zip
23413 Rosewood LN	Chiloquin	OR	97624

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
PO Box 167	Sprague River	OR	97639

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-533-2247		541-591-1415	541-533-2447

Email Address	Web Site, if applicable
highgmc1988@yahoo.com	N/A

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of:

District, Position or County: Position #2 KCFD #3

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.

Millwright mechanics, carpentry, building maint.
Volunteer fire fighter, EMT

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
Gresham High	12	Diploma	Standard.
ASE Brake Tech		Certificate	
Hydraulics	online	cert	
Electrical machine	OJT	cert	

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.

Current board member

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)

Mich. De Stua
 Candidate's Signature

03-13-15
 Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____

Candidate Filing
District

VOTER

SEL 190

MAR 17 2015

rev 01/14
ORS 255.235

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

This filing is an

Original

REGISTRATION

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Natalia	D	Hardman		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Natalia	D	Hardman	

Candidate Residence/Route Address

Street Address	City	State	Zip
23953 Cherrywood Lane	Chiloquin	OR	97624

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
PO Box 63	Sprague River	OR	97639

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-533-2151	541-591-1564		
Email Address		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of:

District, Position or County: # 5 KCF043

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

KC Library
SR Post Office

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
Chiloquin High	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.

Board member KCFW#3

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)

Natalia Hardman

Candidate's Signature

3/16/15

Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____