

Candidate Filing  
District

FEB 12 2015

FEB 12 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
Steven	D	Lowell		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Steve		Lowell	

Candidate Residence/Route Address

Street Address	City	State	Zip
1420 McClellan Dr.	Klamath Falls	OR	97603

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
1420 McClellan Dr	Klamath Falls	OR	97603

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-884-7026	541-884-4812	541-331-7742	

Email Address	Web Site, if applicable
Colliersclean @ charter.net	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Klamath County School District Board of Directors  
District, Position or County: position # 4

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

self-employment Colliers Cleaners  
318 East Main  
Klamath Falls, OR 97601

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

Senior Merchandiser @ JCPenneys 16 yrs.

**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
Mount San Antonio CC	14 attended	1974-1975	
Cal Poly Pomona	attended	1976-1977	

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 County School Board appointed 4/26/05  
Klamath County School Board  
Position #4 elected 5/15/07  
and 5/11 8 years total 9 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)

Steve Dearell

Candidate's Signature

2/11/15

Date Signed

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

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

**Candidate Filing  
District**

**VOTER**

**SEL 190**

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**FEB 25 2015**

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**REGISTRATION** ment

**Candidate Information**

**Name of Candidate**

First	MI	Last	Suffix	Title
John	P	Rademaker		

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

First	MI	Last	Suffix
same			

**Candidate Residence/Route Address**

Street Address	City	State	Zip
420 E. Day School Rd	Chiloquin	OR	97624

**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
	571 783-2577	571 891-4839	

Email Address: haserad@centurytel.net

Web Site, if applicable:

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Office Information**

Filing for Office of: Klamath County School Board of Directors Zone 1

District, Position or County: 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.**

Educator - teacher, building administrator

**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
Michigan State University		BS teaching	Science
Sta. Ore. State College		Masters teaching	Math/Science
Portland State University		Administrative Certificate	

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 Klamath Co Board of Directors - since 2007

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

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Candidate's Signature

2/25/15  
Date Signed

For Office Use Only    Initials 

CC Approval Code/Receipt Number 94640

VOTER

MAR 19 2015

SEL 190

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ORS 255.235

**Candidate Filing  
District**

REGISTRATION

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Original

Amendment

**Candidate Information**

**Name of Candidate**

First	MI	Last	Suffix	Title
Eric	D	Jensen		

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

First	MI	Last	Suffix
Eric		Jensen	

**Candidate Residence/Route Address**

Street Address	City	State	Zip
3305 Barnes Way	Klamath Falls	OR	97603

**Candidate Mailing Address**

Street Address or PO Box	City	State	Zip
3305 Barnes Way	Klamath Falls	OR	97603

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

Work Phone	Home Phone	Cell Phone	Fax
	541-205-3525	503-709-7110	

Email Address	Web Site, if applicable
jensenphoto@me.com	

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Office Information**

Filing for Office of: *County School Board*

District, Position or County: *Klamath County School Dist. Zone 4 Ferguson/Shasta*

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

*Photographer*

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

*Photographer, Retail Management, Construction, Substitute Teacher*

**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
Breaks Institute of Photography		Bachelors Degree	Photography
Lemoore High School, California	12	High School Diploma	
University of California at Santa Barbara	Freshman		Undeclared

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.

None

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

**Candidate Committee**

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*Erin Quinn*

Candidate's Signature

3/19/15

Date Signed

For Office Use Only

Initials

*EQ*

CC Approval Code/Receipt Number

95451