

**Candidate Filing
District**

FEB 23 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 **REX** | MI **W** | Last **SPRINKEL** | Suffix **MR** | Title

How you would like your name to appear on the ballot

First **REX** | MI **W** | Last **SPRINKEL** | Suffix **MR**

Candidate Residence/Route Address

Street Address | City **MALIN** | State **OR** | Zip **97602**

1652 ROSICKY AVE

Candidate Mailing Address

Street Address or PO Box | City **MALIN** | State **OR** | Zip **97602**

P.O. BOX 483

Contact Information: Only one phone number is required.

Work Phone | Home Phone | Cell Phone | Fax

541-723-5261

541-851-1246

Email Address | Web Site, if applicable

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: **MALIN DISTRICT PARK BOARD**

District, Position or County: **KLAMATH COUNTY**

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

MECH. MORRIS TRANSFER (SHOP FOREMAN)

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

DONE

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
LOST RIVER HIGH SCHOOL	10 TH	GED	

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 PARK BOARD MEMBER 1 YEAR TO 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)

Ray W. Spunkel

Candidate's Signature

2-23-2015

Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____

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VOTER
FEB 24 2015

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Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Michael	E.	Kenyon.		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Michael		Kenyon.	

Candidate Residence/Route Address

Street Address	City	State	Zip
33110 Malin Loop Road	Malin	Ore	97632

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 248	Malin	Ore	97632

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541	723-6931	892-3950	

Email Address	Web Site, if applicable
Kenyonm@centurytel.net	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Malin Community Park Board
District, Position or 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.

32 year teaching Klamath County, Tulelake unified
manage Malin Pool 15 years

Candidate Filing
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VOTER
MAR 16 2015

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Candidate Information				
Name of Candidate				
First	MI	Last	Suffix	Title
JENNIFER	L	HARTMAN		

How you would like your name to appear on the ballot			
First	MI	Last	Suffix
JENNIFER		HARTMAN	

Candidate Residence/Route Address			
Street Address	City	State	Zip
33001 RASNUS RD	MALIN	OR	97632
Candidate Mailing Address			
Street Address or PO Box	City	State	Zip
PO Box 148	MALIN	OR	97632

Contact Information: Only one phone number is required.			
Work Phone	Home Phone	Cell Phone	Fax
		541-880-4312	
Email Address		Web Site, if applicable	
hardmj@aol.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: <u>Main Park Board</u>
District, Position or County:

Occupation (present employment) if no relevant experience, None or NA must be entered.
N/A

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

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
N/A			

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.

N/A

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

Candidate Committee

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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.

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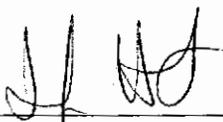
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Candidate's Signature

2/17/15
Date Signed

For Office Use Only Initials RMK

CC Approval Code/Receipt Number 95273

**Candidate Filing
District**

**VOTER
MAR 17 2015**

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Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Genevieve	C	Broussard		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Genny	C	Broussard	

Candidate Residence/Route Address

Street Address	City	State	Zip
30976 Transformer Road	Malin	OR	97632

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
PO Box 468	Malin	OR	97632

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	(541) 723-3347		

Email Address	Web Site, if applicable
squeeky_777@yahoo.com	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Director, Malin Park and Recreation

District, Position or County: Klamath County

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

Retired -- Prior Malin Chamber of Commerce President and Secretary

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

Resume available upon request -- Current Malin Chamber of Commerce Parade Coordinator and member since 1997.

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		B.S. Degree	Marketing
Oregon Institute of Technology		B.S. Degree	Sm Bus & Entrepreneur
Oregon Institute of Technology		Accounting Certificate	Accounting
Oregon Institute of Technology		A.A.S. Office Systems Technology	Microsoft Programs
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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Genny Broussard
 Candidate's Signature

March 17, 2015
 Date Signed

For Office Use Only Initials GB

CC Approval Code/Receipt Number 95350

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District**

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Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
David	J	Victorine		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
David		Victorine	

Candidate Residence/Route Address

Street Address	City	State	Zip
28211 Stetline Rd	Malin	OR	97632

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
28211 Stetline Rd	Malin	OR	97632

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541 723-3955			

Email Address	Web Site, if applicable

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: *Malin Park and Recreation District*
 District, Position or County: *Klamath*

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

Farmer Self employed

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

Farming 32 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
<i>OTI</i>	<i>2 yr</i>	<i>Associate degree</i>	<i>Auto Tec.</i>

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.

20 years on Malin Parks Rec. Board

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

Candidate Committee

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David Victorin

Candidate's Signature

3-19-15

Date Signed

For Office Use Only Initials _____

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VOTER SEL 190

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ORS 255.235

MAR 19 2015

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Amendment **REGISTRATION**

Candidate Information				
Name of Candidate				
First	MI	Last	Suffix	Title
Walter	H	HARRISON		

How you would like your name to appear on the ballot				
First	MI	Last	Suffix	
Walt		Harrison		

Candidate Residence/Route Address				
Street Address	City	State	Zip	
2543 6 th ST	Mahin	OR	97632	

Candidate Mailing Address				
Street Address or PO Box	City	State	Zip	
P.O. Box 314	Mahin	OR	97632	

Contact Information: Only one phone number is required.				
Work Phone	Home Phone	Cell Phone	Fax	
		541-891-5067		
Email Address		Web Site, if applicable		

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

Office Information	
Filing for Office of:	Mahin Comm PARK & Rec BOARD member
District, Position or County:	

Occupation (present employment) If no relevant experience, None or NA must be entered.	
Mahin Comm. PARK & Rec PARK MANAGER 2 yrs	

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.

NA

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W. A. Hansen 3-19-15
 Candidate's Signature Date Signed