

**Candidate Filing  
District**

MAR 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 Jared	MI L.	Last Kalina	Suffix Mr.	Title
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**How you would like your name to appear on the ballot**

First Jared	MI	Last Kalina	Suffix Mr.
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**Candidate Residence/Route Address**

Street Address 2104 3 <sup>rd</sup> Street	City Malin	State Oregon	Zip 97632
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**Candidate Mailing Address**

Street Address or PO Box P.O. Box 6	City Malin	State Oregon	Zip 97632
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**Contact Information: Only one phone number is required.**

Work Phone (541)723-2681	Home Phone	Cell Phone (541)539-8990	Fax
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: Malin Rural Fire Protection District

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

N/A - None

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

N/A - None

**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 - None			

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 - None

**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

2-5-2015

Date Signed

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

CC Approval Code/Receipt Number 95006

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**Candidate Information**

**Name of Candidate**

First	MI	Last	Suffix	Title
Les	R.	Sturm	Mr.	

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

First	MI	Last	Suffix
Les	R.	Sturm	Mr.

**Candidate Residence/Route Address**

Street Address	City	State	Zip
36121 Stastny Road	Malin	Oregon	97632

**Candidate Mailing Address**

Street Address or PO Box	City	State	Zip
36121 Statsny Road	Malin	Oregon	97632

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

Work Phone	Home Phone	Cell Phone	Fax
(541)723-3218	(541)723-3218	5418916698	
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: Malin Rural Fire Protection District  
Director Position #5

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

N/A - None

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

N/A - None

**Educational Background (schools attended) if no relevant experience, None or NA must be entered.**

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**Name of Candidate**

First Greg	MI W.	Last McCulley	Suffix Mr.	Title
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**How you would like your name to appear on the ballot**

First Greg	MI	Last McCulley	Suffix Mr.
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**Candidate Residence/Route Address**

Street Address 2317 3 <sup>rd</sup> Street	City Malin	State Oregon	Zip 97632
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**Candidate Mailing Address**

Street Address or PO Box P.O. Box 504	City Malin	State Oregon	Zip 97632
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**Contact Information:** Only one phone number is required.

Work Phone	Home Phone (541) 723-5895	Cell Phone 541-591-0852	Fax
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: Malin Rural Fire Protection District  
Director, Position #4

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

N/A - None

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

N/A - None

**Educational Background (schools attended)** If no relevant experience, None or NA must be entered.

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Candidate's Signature

2/5/2013  
Date Signed

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

CC Approval Code/Receipt Number 95004