

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
LEONARD	D	HARRINGTON	MR.	

How you would like your name to appear on the ballot

First	MI	Last	Suffix
LEONARD	D	HARRINGTON	

Candidate Residence/Route Address

Street Address	City	State	Zip
5702 Bryant Ave	Klamath Falls	OR	97603

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
	541-882-5288	891-4451	
Email Address		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Board member #4

District, Position or County: WIAZZ PARK

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.

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.

Board member Wood Park

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)

Ren Houghton

Candidate's Signature

2-11-15

Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____

Candidate Filing
District

VOTER
FEB 17 2015

SEL 190
rev 01/14
ORS 255.235

REGISTRATION

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Candidate Information

Name of Candidate

First *Phillip* MI *B* Last *Doddridge* Suffix Title

How you would like your name to appear on the ballot

First *Phil* MI Last *Doddridge* Suffix

Candidate Residence/Route Address

Street Address *7575 Cannon Ave* City *Klamath Falls* State *OR* Zip *97603*

Candidate Mailing Address

Street Address or PO Box *above* City *above* State Zip

Contact Information: Only one phone number is required.

Work Phone Home Phone *541-884-7244* Cell Phone Fax *884-7246*

Email Address Web Site, if applicable

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of: *Director Wiar Park*
District, Position or County: *Position #1*

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

operations manager PIR, LLC

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
SOU		MS Degree	

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 WARD PARK

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

Candidate Committee

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Charles B. Dodds
Candidate's Signature

2-17-15
Date Signed

For Office Use Only

Initials

CD

CC Approval Code/Receipt Number

94268

Candidate Filing
District

VOTER

SEL 190

rev 01/14
ORS 255.235

FEB 19 2015

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Original

REGISTRATION

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
RICHARD	F.	PUTNAM		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Richard		Putnam	

Candidate Residence/Route Address

Street Address	City	State	Zip
1239 KANE ST.	KLAMATH FALLS	CT	97603

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
	541-882-6528		
Email Address		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: WARD PARK
~~WATER~~ Director

District, Position or County: #5

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.

N/A

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)

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Richard Putnam
 Candidate's Signature

2-19-2015
 Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____