

Filing of Candidacy for Special District Nomination

SEL 190

Nov 07/10: ORS 265.235

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MAR 17 2011

Candidate Name DAVID WILSON		Filing for Office of Position # 3 - Vice President	
How Name Should Appear on Ballot DAVID WILSON		District, Position or Number if applicable BLY SANITARY	
Residence Address, Street/Route 61556 Hwy 140 East			
City BLY	State OR.	Zip Code 97622	County of Residence Klamath
Home Phone _____	Work Phone _____	Cellular Phone 541-944-3835	
Fax 541-353-2254	Email Address David669@Centurytel.net	Date of Election May 2011	
Mailing Address where all correspondence will be sent, Street/Route P.O. Box 442			
City BLY	State OR.	Zip Code 97622	

Filing of candidacy by declaration, with the required \$10.00 fee.

Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

Required Information for Candidates

Occupation present employment - paid or unpaid

DISABLED

Occupational Background previous employment - paid or unpaid

MEMBER of Running W Enterprises LLC.
 Former owner of Rafter Diamond Trucking, Inc.
 Construction and Heavy Equipment operator for Flying R Construction and Crescent Development
 Pro Rodeo participant 1980-1990
 Managed Ranches for self and others.
 SECURITY - Private & Government.

Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Financial Concepts, Inc.	Small Business Training	School	Certificate of Completion
Mudd Heavy Equipment School	8 week	Training	Certificate of Completion
Liberty Security Training	1 yr		Certified
Reasonable Suspicion Testing: Training for Supervisors			Certificate of Completion
OREGON State Notary - Notarial Commission expires April 2, 2013 at midnight			
Other:			

Required information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed

By signing this document, I hereby state:

- that I will qualify for said office if elected
- that all information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box:

- By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
- By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the Campaign Finance Manual.

David G. DeLoe

3/17/2011

Candidate's Signature

Date Signed

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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 260.15) No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013)

For Office Use Only

Initials: *DL* Cash or Check Number: *49483* Candidate ID Number: *CH 243*
Receipt Number: Office Number:

Filing of Candidacy for Special District Nomination

SEL 190
rev 01/10: ORS 255.235

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Candidate Information

Candidate Name

Kelly Fryou

Filing for Office of

Board member

How Name Should Appear on Ballot

Kelly Fryou

District, Position or Zone Number if applicable

#2 BLY Sanitant

Residence Address, Street/Route

18575 Henwas Loop

City

BLY

State

OR.

Zip Code

97622

County of Residence

Llamar Falls

Home Phone

Work Phone

Cellular Phone

541-219-2444

Fax

Email Address

Date of Election

9-7-10

Mailing Address where all correspondence will be sent, Street/Route

P.O. Box 436

City

BLY

State

OR.

Zip Code

97622

Filing Information

Filing of candidacy by declaration, with the required \$10.00 fee.

Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

Required information (if no relevant information, list "none")

Occupation present employment - paid or unpaid

none

Occupational Background previous employment - paid or unpaid

none

Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms

Last Grade Level Completed

Diploma/Degree Certificate (AA, BA, BS, MA, PhD, etc)

Course of Study optional

Centennial High school 12

Other:

Required Information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed

none

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Melby Snyo

Candidate's Signature

3-10-11

Date Signed

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Candidate ID Number

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MAR 11 2011

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Candidate Information

Candidate Name

WILLIAM C. ESSIG

Filing for Office of

BLY SANITARY DISTRICT BOARD

How Name Should Appear on Ballot

WILLIAM C. ESSIG

District, Position or Zone Number if applicable of DIRECTOR

POSITION # 4

Residence Address, Street/Route

61278 Hwy 141E

City

BLY

State

OR

Zip Code

97622

County of Residence

KLAMATH

Home Phone

~~541-~~

Work Phone

541-353-2271

Cellular Phone

541-~~353~~-891-2562

Fax

Email Address

Date of Election

3-17-2011

Mailing Address where all correspondence will be sent, **Street/Route**

PO BOX 28

City

BLY

State

OR

Zip Code

97622

Filing Information

Filing of candidacy by declaration, with the required \$10.00 fee.

Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

Required Information (if no relevant information, list "none")

Occupation present employment - paid or unpaid

SELF EMPLOYED

Occupational Background previous employment - paid or unpaid

Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms

Last Grade Level Completed

Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)

Course of Study optional

Oregon City High School 12

Other:

Required Information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed

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- that all information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

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Candidate's Signature

William C. Essig

Date Signed

3/10/11

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Candidate ID Number

Receipt Number

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MAR 08 2011

rec'd req card

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Candidate Information

Candidate Name

Michael Todd Smith

Filing for Office of

Bly OR Sanitary District

How Name Should Appear on Ballot

✓ Michael T. (Crazy) Smith

District, Position or Zone Number if applicable

#5

Residence Address, Street/Route

Po Box 311 18307 Qulidis St

City

Bly

State

OR

Zip Code

97622

County of Residence

Klamath

Home Phone

541 353 2575

Work Phone

541 947 6172

Cellular Phone

541 219 1522

Fax

Email Address

Date of Election

541 947 6279 MSmith@OR.BLM.GOV MAY 17 2011

Mailing Address where all correspondence will be sent, **Street/Route**

Po Box 311

City

Bly

State

OR

Zip Code

97622

Filing Information

Filing of candidacy by declaration, with the required \$10.00 fee.

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Required Information (if no relevant information, list "none")

Occupation present employment – paid or unpaid

Interagency Fire cache MGR

Occupational Background previous employment – paid or unpaid

construction, Reforestation, Logging

Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms

Last Grade Level Completed

Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)

Course of Study optional

Lakeview High school

12

Other:

Required Information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed

NONE

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Michael Smith

Candidate's Signature

2-16-2011

Date Signed

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Candidate ID Number

Receipt Number

Office Number