

Filing of Candidacy for Special District Nomination

MAR 16 2011

SEL 190
rev 02/11: ORS 255.235

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Candidate Name Donald G. Boyd		Filing for Office of Director	
How Name Should Appear on Ballot Donald G. Boyd		District, Position or Zone Number if applicable Klamath Falls City Schools - Zone 1	
Residence Address, Street/Route 818 Loma Linda Dr.			
City Klamath Falls	State OR	Zip Code 97601	County of Residence Klamath County
Home Phone 541-884-5042	Work Phone 541-798-5660	Cellular Phone 541-892-0940	
Fax	Email Address donnie@floydaboyd.com	Date of Election May 17, 2011	
Mailing Address where all correspondence will be sent, Street/Route 818 Loma Linda Dr. Klamath Falls, OR 97601			
City Klamath Falls	State OR	Zip Code 97601	

- 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.

Occupation present employment - paid or unpaid
General Manager - Floyd A Boyd Co.

Occupational Background previous employment - paid or unpaid
Floyd A. Boyd Co.

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
Pacific Lutheran University			
Oregon Institute of Technology		Associates Degree	Accounting

Other:

Prior Governmental Experience elected or appointed

Klamath Falls City Schools' Budget Committee

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 \$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*.
- 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*.

Candidate's Signature

Date Signed

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RK

10⁰⁰ cash

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rev 01/10: ORS 265.235

MAR 04 2011

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Candidate Information			
Candidate Name Lori J. Theros		Filing for Office of Director	
How Name Should Appear on Ballot Lori J. Theros		District, Position or Zone Number if applicable Klamath Falls City Schools - Zone 2	
Residence Address, Street/Route 1641 Lancaster Ave.			
City Klamath Falls	State OR	Zip Code 97601	County of Residence Klamath
Home Phone 541-883-8389	Work Phone 541-882-4441	Cellular Phone 541-690-2514	
Fax	Email Address jltheros@yahoo.com	Date of Election May 17, 2011	
Mailing Address where all correspondence will be sent, Street/Route 1641 Lancaster Ave.			
City Klamath Falls	State OR	Zip Code 97601	
Filing Information			
<input checked="" type="radio"/> Filing of candidacy by declaration, with the required \$10.00 fee.			
<input type="radio"/> 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 Employment Specialists Organization of Forgotten Americans (OFA)			
Occupational Background previous employment - paid or unpaid Registration Clerk III - Merle West Medical Center			
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 Institute of Technology			Business Law
Southern Oregon University			Business Law
Other:			

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

Prior Governmental Experience elected or appointed

**City Planning Commission
Juvenile Services Commission
Regional Workforce Investment Board**

By signing this document, I hereby state:

- that I will qualify for said office if elected
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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*.

Spencer J. Sheros
Candidate's Signature

2-11-11
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 260.715) 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

JS
Initials

ck#5683
Cash or Check Number

Candidate ID Number

219171
Receipt Number

Office Number

FEB 07 2011

Filing of Candidacy for Special District Nomination

SEL 190

rev 01/10: CRS 255.235

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Candidate Information			
Candidate Name Jon Fredric Hicks		Filing for Office of Director	
How Name Should Appear on Ballot Jon Fredric Hicks		District, Position or Zone Number if applicable Klamath Falls City Schools - Zone 3	
Residence Address, Street/Route 2507 Lakeshore			
City Klamath Falls	State OR	Zip Code 97601	County of Residence Klamath
Home Phone 541-281-2018	Work Phone 541-880-2561	Cellular Phone 541-281-2018	
Fax	Email Address jhicks@usbr.gov	Date of Election May 17, 2011	
Mailing Address where all correspondence will be sent, Street/Route 2507 Lakeshore			
City Klamath Falls	State OR	Zip Code 97601	

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
Planning Division Manager, U.S. Bureau of Reclamation

Occupational Background previous employment – paid or unpaid
District Manager, ODOT

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
Chemeketa College	14	AA	Engineering
American River College	14	AA	Communication/Psychology
Other:			

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

Prior Governmental Experience elected or appointed

Currently Klamath Falls City Schools' board member

By signing this document, I hereby state:

- that I will qualify for said office if elected
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Check the applicable box:

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- 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.

Candidate's Signature

Date Signed

Jon Hicks

2-3-2011

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Warning
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For Office Use Only

JK
Initials
48408
Receipt Number

CK # 3029
Cash or Check Number

Candidate ID Number

Office Number

Filing of Candidacy for Special District Nomination

SEL 190

rev 01/10: ORS 256.236

→ This information is a matter of public record and may be published or reproduced.

Candidate Name HALVERSON, Mark David		Filing for Office of Board Member of Klamath Falls City Schools	
How Name Should Appear on Ballot Mark Halverson		District, Position or Zone Number if applicable Zone 3	
Residence Address, Street/Route 140 S Rogers Street			
City Klamath Falls	State Oregon	Zip Code 97601	County of Residence Klamath
Home Phone	Work Phone 541-882-7281 x2529	Cellular Phone	
Fax	Email Address mark@mywifiguy.com	Date of Election 17 MAY 2011	
Mailing Address where all correspondence will be sent, Street/Route 140 S Rogers Street			
City Klamath Falls	State Oregon	Zip Code 97601	
Filing Method			
<input checked="" type="radio"/> Filing of candidacy by declaration, with the required \$10.00 fee.			
<input type="radio"/> 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.			
Occupation present employment – paid or unpaid Information Technology Administrator - Columbia Forest Products			
Occupational Background previous employment – paid or unpaid Information Technology Bulk Mail Manager Private Investigator			
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
Western Governors University	attending	BS	Business & IT
Empire College of Law	--	Doctorate	Law
Santa Rosa Junior College	--	AA	General Ed
Rancho Cotate High School	12	Diploma	General Ed
Other:			

Required Information

Prior Governmental Experience elected or appointed

none

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- 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:

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- 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*.

Candidate's Signature

07 FEB 2011

Date Signed

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Warning: Submitting false information on this form may result in penalties of a felony with a fine of up to \$125,000, imprisonment for up to 5 years, or both. (C.R.S. 2011-01-0001) Any candidate who provides false information on this form is liable for the costs of the election. If you are a candidate for office, you must file a Statement of Organization for Candidate Committee (SEL 220) before you can be placed on the ballot.

For Office Use Only

Initials: _____ Candidate's Name: _____

Office: _____ Office Number: _____

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MAR 04 2011

Candidate Information

Candidate Name Minda Ann Milani	Filing for Office of Director
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How Name Should Appear on Ballot Minda Ann Milani	District, Position or Zone Number if applicable Klamath Falls City Schools - Zone 4
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Residence Address, Street/Route
1016 Owens St.

City Klamath Falls	State OR	Zip Code 97601	County of Residence Klamath
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Home Phone 541-892-1370	Work Phone 541-892-1370	Cellular Phone 541-892-1370
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Fax	Email Address mindamilani@charter.net	Date of Election May 17, 2011
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Mailing Address where all correspondence will be sent, **Street/Route**
1016 Owens St.

City Klamath Falls	State OR	Zip Code 97601
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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
Western Beverage

Occupational Background previous employment - paid or unpaid
Fred Meyer

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
Klamath Union High School	12	Diploma	

Other:

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

Prior Governmental Experience elected or appointed

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Monda Milan

2-6-11

Candidate's Signature

Date Signed

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For Office Use Only

Initials

49167

Cash or Check Number

Candidate ID Number

Receipt Number

Office Number

KLAMATH COUNTY
5/17/11 SPECIAL DISTRICT ELECTION

Number of Signatures Required Per District

Basin Ambulance Service District (14)
Basin Transit Service Transportation District (25)
Bly Rural Fire Protection District (22)
Bly Sanitary District (10)
Bly Water District (10)
Bonanza Big Springs Park & Recreation District (25)
Bonanza Memorial Park Cemetery District (25)
Bonanza Rural Fire Protection District (25)
Central Cascades Fire & EMS (7)
Central Oregon Community College (File in Deschutes County)
Chemult Rural Fire Protection District (16)
Chiloquin-Agency Lake Rural Fire Protection District (25)
Crescent Rural Fire Protection District (25)
Crescent Sanitary District (16)
Falcon Heights Water & Sewer District (25)
Keno Rural Fire Protection District (25)
Klamath Community College (25)
Klamath County Emergency Communications District (25)
Klamath County Fire District 1 (25)
Klamath County Fire District 3 (13)
Klamath County Fire District 4 (25)
Klamath County Fire District 5 (25)
Klamath County School Board (25)
Klamath Falls City School Board (25)
LaPine Rural Fire Protection District (File in Deschutes County)
Malin Community Cemetery Maintenance District (25)
Malin Park & Recreation District (25)
Malin Rural Fire Protection District (25)
Merrill Cemetery Maintenance District (25)
Merrill Park & Recreation District (25)
Merrill Rural Fire Protection District (25)
Midland Community Park District (25)
Modoc Point Sanitary District (2)
Mt. Laki Cemetery District (25)
Oregon Outback Rural Fire Protection District (25)
Pine Grove Water District (12)
Poe Valley Park & Recreation District (10)
Rocky Point Fire & EMS (21)
South Suburban Sanitary District (25)
Southern Oregon ESD (File in Jackson County)
Wiard Memorial Park District (25)

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MAR 17 2011

Candidate Information			
Candidate Name Trina Suzanne Perez		Filing for Office of Director	
How Name Should Appear on Ballot Trina Suzanne Perez		District, Position or Zone Number if applicable Klamath Falls City Schools - Zone 5	
Residence Address, Street/Route 639 Buena Vista St.			
City Klamath Falls	State OR	Zip Code 97601	County of Residence Klamath
Home Phone 541-885-4863	Work Phone 541-882-8846	Cellular Phone 541-281-4381	
Fax	Email Address jtperezfan5@gmail.com	Date of Election May 17, 2011	
Mailing Address where all correspondence will be sent, Street/Route 639 Buenz Vista St.			
City Klamath Falls	State OR	Zip Code 97601	
Filing Information			
<input type="radio"/> Filing of candidacy by declaration, with the required \$10.00 fee.			
<input type="radio"/> 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 Klamath County Health Department - Public Health Nurse			
Occupational Background previous employment - paid or unpaid High Desert Hospice - RN, Klamath Heart Clinic - RN, Merle West Medical Center - RN (Birthing Center & Orthopedics).			
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 Health Science School of Nursing @OIT		BS	Nursing
Oregon Institute of Technology		AA	General
Mazama High School	12	Diploma	
Brixner Jr. High	8		
Ferguson Elementary School	6		
Other:			

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

Prior Governmental Experience elected or appointed

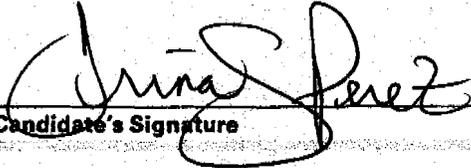
Current board member for Klamath Falls City Schools

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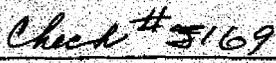

Candidate's Signature

03/17/2011
Date Signed

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For Office Use Only

 
Initials Cash or Check Number Candidate ID Number

Receipt Number Office Number