

# Filing of Candidacy for Special District Nomination

**SEL 190**

rev. 02/11 QRS-255-235

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**Candidate Information**

**Candidate Name**

Frank Geoffrey Marx MD *MD*

**Filing for Office of**

Southern Oregon Education Service Board

**How Name Should Appear on Ballot**

Frank Geoffrey Marx MD *MD*

**District, Position or Zone Number if applicable**

Klamath County *Zone 3*

**Residence Address, Street/Route**

11810 Merganser Rd

*(Note: Due to an administrative update, zone changed to 4) 25*

**City**

Klamath Falls

**State**

OR

**Zip Code**

97601

**County of Residence**

Klamath

**Home Phone**

541-884-0730

**Work Phone**

**Cellular Phone**

541-891-7675

**Fax**

**Email Address:**

medman18@charter.net

**Date of Election**

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

11810 Merganser Rd

**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

Physician-Hospitalist, Skylakes Medical Center

**Occupational Background** previous employment -- paid or unpaid

Private practice Internal Medicine 1977-2009

Internal Medicine practice as Lt Cmdr US Navy 1975-1977

Internship and Residency in medicine and pediatrics at U. of Rochester, Strong Mem. Hosp, N.Y.

**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

U. of California, Berkeley

Graduated

BS

Sciences

UCLA Medical School

Graduated

MD

Medicine

U. of Rochester Medical School

Graduated

Internship and Residency

Medicine, Pediatrics

**Other:**

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continued on the reverse side of this form.



# Filing of Candidacy for Special District Nomination

**SEL 190**  
rev. 01/10 ORS 265.235

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**Candidate Information**

Candidate Name <b>Stephen Schultz</b>		Filing for Office of <b>Southern OR ESD Board</b>	
How Name Should Appear on Ballot <b>Stephen Schultz</b>		District, Position or Zone Number if applicable <b>Zone # (Note: Due to an administrative update, Zone changed to 3)</b>	
Residence Address, Street/Route <b>5102 Villa Drive</b>			
City <b>Klamath Falls</b>	State <b>OR</b>	Zip Code <b>97603</b>	County of Residence <b>Klamath</b>
Home Phone <b>541-885-1808</b>	Work Phone <b>541-885-1000</b>	Cellular Phone	
Fax	Email Address <b>Stephen.Schultz@oid.edu</b>	Date of Election <b>5/17/2011</b>	
Mailing Address where all correspondence will be sent, Street/Route <b>Same as Residence</b>			
City	State	Zip Code	

**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 election officials.

Required Information (if no relevant information, list "none")  
Occupation present employment - paid or unpaid

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**Occupational Background** previous employment - paid or unpaid

**Professor, Medical Imaging Technology,  
Oregon Institute of Technology  
1995. Present**

**MAJOR, Oregon Air National Guard, Kingsley Field**

**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
<b>State University college at Buffalo</b>	<b>MS</b>	<b>Education</b>	<b>1994</b>

Other:

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

Prior Governmental Experience elected or appointed

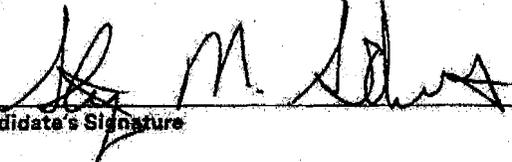
*Southern Oregon Education Service District - 2003 to Present  
(current Board Director representing Zone 4)*

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.

OK 

*Feb. 7, 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 260.715) 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**

Initials

Cash or Check Number

Candidate ID Number

Receipt Number

Office Number