# EB 1 9 2015

**SEL 190** 

District		FEB 1 9 2015	rev 01/14 ORS 255.235
All information must be	completed or the form will be rejected	SISTRATION	
This filing is an	Original	<del>=</del>	endment
Candidate Information			
Name of Candidate		atu Callei - Callei	
STEVEN	MI Last	ornell	Suffix Title
How you would like your na	me to appear on the ballot	- <b>- · ·</b>	
First STeve	MI Last	PorNell	Suffix
Candidate Residence/Route	Address		
Street Address	Edler	City Bly	State Zip  OR 9762
Candidate Malling Address			16
Street Address or PO Box RON BOX		City Bly	State Zip  OR 9762
Contact Information: Only or	ne phone number is required.		NO.
Work Phone	Home Phone	Cell Phone 541-891-0501	Fax
Email Address		Web Site, if applicable	
Filing Information			
Filing with the required \$	10.00 fee		· · · · · · · · · · · · · · · · · · ·
Prospective Petition			
Office Information Filing for Office of: 13/4	Water & Sewer Dis	Tret (13)	
District, Position or County:	POSITION 5		
Occupation (present employ	ment) If no relevant experience, None o	r NA must be entered.	
retired			

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

Educational Background (schools attended) if	no relevant experience, Non	e or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
<u> </u>			
Educational Background (other) Attach a separa	ate sheet if necessary.		
Prior Governmental Experience (elected or app	p <b>ointed) if</b> no relevant exper	ience, None or NA must be ente	red.
NA			
Campaign Finance Information (not applicable	to candidates for federal of	ffice)	Mary National Control
Candidate Committee	ing Salie ng Balleng Bir Tanggang Balleng Bir	1 marie 142	
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$750 records of all campaign transactions and if to follow the requirements detailed in the Cam	otal contributions or total ex paign Finance Manual.	penditures exceed \$750 during a	
No, but will be filing a Statement of Organiz	ation for Candidate Commit	tee (5EL 220).	
By signing this document, I hereby state that:  → I will qualify for said office if elected  → all information provided by me on the		f my knowledge	
Warning Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			25,000 and/or prison for
And his			2/17/15
Candidate s Signature			Date Signed

MAR 19 2015

**SEL 190** 

District

rev 01/14

All information must	be completed or the	form will be rejecte	d.			ORS 255.235
This filing is an		Original		Amendment		
Candidate Information						
Name of Candidate						
First	MI	Last			Suffix	Title
Daniel		c Ho	ساه ۱ ح	,		'
How you would like your	name to appear on t	he ballot				
First	М	Last			Suffix	
Dan		Ho	ward			
Candidate Residence/Roo	ute Address					
Street Address			City		State	Zip
19026	rane 257		BLY	'	01e	97622
Candidate Mailing Addre	ss		/			
Street Address or PO Box			City		State	Zip
POBOX	195	B	Ly	07	٧	97622
Contact Information: Onl	y <b>o</b> ne phone number		/			
Work Phone	Home Phone		Cell Phone	Fax		
NA	MA		541-591	3/8/	NA	
Email Address			Web Site, if applica	ble		
NA						
Filing Information						
K Filing with the require	d \$10.00 fee					
Prospective Petition						
Office Information						
Filing for Office of:	rector					
District, Position or Count	V. Bly Water	r + Sprite	ry Distric	t / Positi	Dn E	3
Occupation (present emp	loyment) If no releva	nt experience, <b>No</b> ne	or NA must be enter	re <b>d</b> .		
ODOT						
Occupational Background	(previous employme	ent) If no relevant ex	perience, None or N	A must be entered.		
	5 SNOW					

			1
Educational Background (schools attended) If no	o relevant experience, No	one or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed		Course of Study
Lakeniew High	12	Honz	noae
Educational Background (other) Attach a separat	e sheet if necessary.		
Prior Governmental Experience (elected or app	ointed) If no relevant exp	oerience, None or NA must be ente	red.
BLY Ventor Conto	1 8415 4415		
BLY Water	4 yrs		
Campaign Finance Information (not applicable t	to candidates for federal	office)	
Candidate Committee			
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$750			
records of all campaign transactions and if to follow the requirements detailed in the Camp		expenditures exceed \$750 during a	a calendar year, I must
No, but will be filing a Statement of Organiza	-	nittee (SEL 220).	
By signing this document, I hereby state that:  → I will qualify for said office if elected → all information provided by me on th	is form is true to the bes	t of my knowledge	
Warning Supplying false information on this for up to 5 years. (ORS 260.715). A person (ORS 249.013 and ORS 249.170)			125,000 and/or prison for
D - C -	2 Any		3-16-15-
- Ce see			Date Signed
–Eandidate's Signature			Date Signed

MAR 19 2015

**SEL 190** 

District						rev 01/14 ORS 255.235
All information must be con	npleted or the form w	vill be rejected.				
This filing is an	Origi			Amendmen	t	
1	, ,					
Candidate Information						
Name of Candidate					<u> </u>	
First	Mi	Last			Suffix	Title
FRANCES		DAVI				
How you would like your name	to appear on the ball	ot				
First	MI	Last			Suffix	
FRANKIE	É	DAVI	S			
1						
Candidate Residence/Route Add	dress				<del></del>	
Street Address		(	City		State	Zip
18918 Edl	ele	·	Bly		Ote	87622
Candidate Mailing Address						
Street Address or PO Box			City		State	Zip
BH 293			B14		Obe	87622
Contact Information: Only one p	phone number is requi	ired.				
Work Phone	Home Phone		Cell Phone	Fax		
	541-353	2496				
Email Address			Web Site, if applicable			
MA-			NA			
Filing Information						
K Filing with the required \$10.0	00 fee			"		
Prospective Petition						
Office Information	4	0		4	0- 6	)
Filing for Office of: Boa)	rd of de	neevar	- Bhe We	otio 8	Lando	Tres
District, Position or County:	Po	setion:	# 5			
Occupation (present employme	nt) If no relevant expe	erience, None o	r NA must be entered	<u> </u>		
Rotino D						
Occupational Background (previ	ious employment) If r	o relevant exp	erience, None or NA n	nust be entered.		

M. Care Company			
Educational Background (schools attended) If no	relevant experience, Non-	e or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Galeveil lenar High	12	×	General
			- Vicini
Educational Background (other) Attach a separate	s also as if a a a a a a a a a	1	
coocational Background (other) Attach a separate	sneet if necessary.		
Prior Governmental Experience (elected or appo	inted) If no relevant exper	rience. None or NA must be ente	ered.
Vector Boar	184	ears -	
Campaign Finance Information (not applicable to Candidate Committee	candidates for federal o	ffice)	
1000			
Yes, I have a candidate committee.	,		
No, I do not expect to spend more than \$750 records of all campaign transactions and if tota follow the requirements detailed in the Campa No, but will be filing a Statement of Organizat	al contributions or total ex aign Finance Manual.	openditures exceed \$750 during a	
By signing this document, I hereby state that:			
<ul> <li>→ I will qualify for said office if elected</li> <li>→ all information provided by me on this</li> </ul>	form is true to the best o	of my knowledge	
Warning Supplying false information on this form up to 5 years. (ORS 260.715). A person (ORS 249.013 and OR5 249.170)			125,000 and/or prison for
Haulsie R	aves		3-12-15
Candidate's Signature			Date Signed

MAR 19 2015

**SEL 190** 

rev 01/14 ORS 255 235

DISTRICT				ORS 255.235
All information must be of	completed or the form will be reject	ted.		
This filing is an	X Original		Amendment	
Candidate Information				
Name of Candidate  First				
B:((	MI   Last	Ess-9	Suffix	Title
How you would like your nam	ne to appear on the ballot			
First Bill	MI Last	E554	Suffix	
Candidate Residence/Route A	Address			
Street Address  6 1 7 8  Candidate Mailing Address	Hung 140E	City B(	State	2ip 9760
Street Address or PO Box				
P.O. Bo	x 28	City	State	976)
Contact Information: Only on	e phone number is required.			
Work Phone	Home Phone	Cell Phone	Fax	
541-353-22	7(	541-891-	2562 541-3	33. 777
Email Address		Web Site, if applicable		
			And the state of t	
Filing Information				
X Filing with the required \$1	0.00 fee			
Prospective Petition				
Office Information				
	ctor			
District, Position or County:	Bly Water + Sanit	any District	/Assition 4	
Occupation (present employr	ment) If no relevant experience, Nor	ne or NA must be entered		
Self	Employed.			
. ()	evious employment) If no relevant	experience, None or NA n	nust be entered.	
<u>5</u>	tore Que mer			

Homes, The gap			
Educational Background (schools attended) If no	relevant experience, Non	e or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Chegon let High Scho	122		Caunal.
Educational Background (other) Attach a separate	sheet if necessary.		· · · · · · · · · · · · · · · · · · ·
Principal Community of the Community of	1 . 0		
Prior Governmental Experience (elected or appo	1		rea.
6 GRAJES BO	a Water		
4 9 0000	l .	1 10	
6 years Bl	in Prize a	Jator	
	<u> </u>		
Campaign Finance Information (not applicable to	o candidates for federal o	ffice)	
Candidate Committee			
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$750			
records of all campaign transactions and if total		penditures exceed \$750 during a	a calendar year, I must
follow the requirements detailed in the Campa	_	(55) 220)	
No, but will be filing a Statement of Organizat	tion for Candidate Commit	tee (SEL 220).	
Business this decrease the activities that			
By signing this document, I hereby state that:			
→ I will qualify for said office if elected			
→ all information provided by me on this	s form is true to the best o	f my knowledge	
Warning			
Supplying false information on this form	n may result in conviction	of a felony with a fine of up to S	125,000 and/or prison for
up to 5 years. (ORS 260.715). A person			
(ORS 249.013 and ORS 249.170)	, ,		
			,
1.6			2/11/11
Candidate's Signature			3/16/13
Candidate's Signature			/ Date Signed
•			

#### VOTER

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Candidate Filing District	MAR 1 8 2015	SEL 190 rev 01/14
	REGISTRATION	OR\$ 255.235
All information must be completed or the form will be reject	ted.	
This filing is an Original	Ameno	lment
Candidate Information		
Name of Candidate		
First Michael MI Last	Harding	Suffix Title
How you would like your name to appear on the ballot	4	
First Michael MI Last	Hardina	Suffix
Candidate Residence/Route Address	<b>4</b>	
Street Address	City	State Zip
12000 Edler St #7	Blu	ar 97622
Candidate Mailing Address		
Street Address or PO Box	City	State Zip
P.O. Box 205	Bly	Or 97622
Contact Information: Only one phone number is required.	7	
Work Phone Home Phone	Cell Phone	Fax
541 281 6946 541 281 6946	5412816946	monl
Email Address	Web Site, if applicable	
Mone	nonl	
Filing Information		
Filing with the required \$10.00 fee		
Prospective Petition		
Office Information		
Filing for Office of: Board & Directors Blu 1	Whiter a handary That	uct Postim 2
District, Position or County: Blu Water + Amitake F	Position 2 tlam	the Property
Contraction (traceout hamiltonian) If no relegant ourseless Non	A NA must be entered	

Landlord and Driver for County Schools

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

25 yrs in Construction field: new Homes & remodells

Educational Background (schools attended) If n		ne or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
St Elinabeths High	12 serior	Dicloma	seneral
Cal State Hanward	Freshman	more	senero mathin
Educational Background (other) Attach a separat	te sheet if necessary.		
4			
	Shift Committee		The same of the sa
Prior Governmental Experience (elected or app	ointed) If no relevant expe	rience, None or NA must be ente	ered.
N.H.			
		en)	194 194 144 141
Campaign Finance Information (not applicable t	to candidates for rederal p	mee)	
Candidate Committee			
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$750	or receive more than \$750	0 during each caiendar year. I un	derstand I must still keep
records of all campaign transactions and if to	tal contributions or total ex	penditures exceed \$750 during	a calendar year, I must
follow the requirements detailed in the Camp	aign Finance Manual.		
🔲 No, but will be filing a Statement of Organiza	tion for Candidate Commit	tee (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	is form is true to the best o	of my knowledge	
	28 - 29 - 2 - 3	The state of the s	A. 1874 Sh
Warning			
Supplying false information on this for			
up to 5 years. (ORS 260,715). A person	may only file for one lucra	tive office at the same election.	
(ORS 249.013 and ORS 249.170)		A STATE OF THE STA	
MI HAS I			04 M =
/ Menal / Harama			(1/5-18-2015
Candidate's Signature			Date Signed

For Office Use Only

Candidate's Signature

CC Approval Code/Receipt Number\_