This information is a matter of public reco	ord and may be publis	hed or reproduced	Original O	Amendment
Candidate Information				
Candidate Legal Name*		Candidate Name (As it should appear on ballot)*		
JOHN BODNAR		JOHN	BODNAG	
F:): ( O(f: -f3		District and/or pos	sition (if applicable)*	# 1
PIRECTOR KLA	m CO FIRE	= PIST	45 POS1	TION
Residence Address, Street/Route*				
9700 ECPAT	RO			
City*	State*	Zip*	County of Reside	ence*
DAIRY Home Phone Work PI	OR	97625	KLA	<u> </u>
Home Phone Work PI	hone	Cell Phone	Fax	
541-545-6510 541-	281-5510			
Email Address*	Date of Flection*	/		
	5/2	1/13		
Mailing Address (where all correspondence	e will be sent) Street/F	toute-		
9700 EGERT	(KI)		dd 114 hannarda o'r an ar	
9700 EGERT City* DAIRT	State* OR	Zip* 976	25	
* Indicates a required field. At least one p				
Filing Information		$(-1)^{2} = (-1)^{2} + (-1)^{2} = (-1)^{2}$		
Filing with the required \$10.00 fee.				
O Filing by petition with the required sign	ature sheets.			
Required information (if no relevant inform Occupation present employment – paid or				14 - 4. J.,
Occupational Background previous emplo	yment – paid or unpai	d (required)		
Fara/A	anch			
Educational Background schools attended, Complete Name of School (no acronyms)		eded (required)  Diploma/Degr (AA, BA, BS, N		Course of Study optiona:
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	<b>N</b>			
				The state of the s
Other:				

Required Information (if no relevant in	formation, lis	t "none"	or "n/a"	) 5
Prior Governmental Experience elected	l or appointed	d (requir	ed)	
	Fire Board			#5-

#### By signing this document, I hereby certify that:

- → 1 will qualify for said office if elected
- → 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 (not applicable to candidates for federal office - US Senate and US Representative):

- By marking this box, I certify I do not have an existing candidate 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 2012 Campaign Finance Manual.
- O 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 2012 Campaign Finance Manual.

## 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 and ORS 249.170).

Candidate's Signature

Date Signed

For Office Use Only

Candidate Information  Candidate Legal Name*  Cherman  Ch	Candidate N	lame (As it should appe 10r Sherk for position (if applicab	ear on ballot)*
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State*  Source nze OR	Zip*	County of Re	
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Iome Phone Work Phone	Cell Pho	// -	Fax
41-545-7350 N/A		880-4673	/Y/A
mail Address* Date of E		1/13	
Shermandotdot @MSN Mailing Address (where all correspondence will be so	ent) Street/Route*	1/15	
5835 Brant Dr.			
City* State*	Zip*	7 9=	
Binanza OR.	9768	۲.5	
Indicates a required field. At least one phone num	nber is also required.		
iling Information			
Filing with the required \$10.00 fee.			
Filing by petition with the required signature shee			
Occupation present employment – paid or unpaid (r		•	
rest and Quality	aid or unpaid (required)  NG ON OPT MO	enager	
	ide Level Diploma ted {AA, BA	a/Degree/Certificate , BS, MA, PhD, etc)	Course of Study optional
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Required Information (if no relevant information, list "none" or "n/a")	in the
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Prior Governmental Experience elected or appointed (required)  Oiction #5 Five Dept. Director,	T IE C

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Candidate's Signature

For Office Use Only

Cash: Check Number, or credit card approval #