

**Candidate Filing
District**

MAR 09 2015

SEL 190

rev 01/14
ORS 255.235

i All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First Jared	MI L.	Last Kalina	Suffix Mr.	Title
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How you would like your name to appear on the ballot

First Jared	MI	Last Kalina	Suffix Mr.	
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Candidate Residence/Route Address

Street Address 2104 3 rd Street	City Malin	State Oregon	Zip 97632
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Candidate Mailing Address

Street Address or PO Box P.O. Box 6	City Malin	State Oregon	Zip 97632
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Contact Information: Only one phone number is required.

Work Phone (541)723-2681	Home Phone	Cell Phone (541)539-8990	Fax
Email Address	Web Site, if applicable		

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of:

District, Position or County: Malin Rural Fire Protection District

Director - Position # 1
Occupation (present employment) If no relevant experience, None or NA must be entered.

N/A - None

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

N/A - None

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
N/A - None			

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

N/A - None

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

Yes, I have a candidate committee.

No, 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.

No, but will be filing a Statement of Organization for Candidate Committee (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 form is true to the best of my knowledge



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). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Candidate's Signature

2-5-2015

Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number 95006

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Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Les	R.	Sturm	Mr.	

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Les	R.	Sturm	Mr.

Candidate Residence/Route Address

Street Address	City	State	Zip
36121 Stastny Road	Malin	Oregon	97632

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
36121 Statsny Road	Malin	Oregon	97632

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
(541) 723-3218	(541) 723-3218	541 891 6698	
Email Address		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of:

District, Position or County: **Malin Rural Fire Protection District
Director Position #5**

Occupation (present employment) If no relevant experience, None or NA must be entered.

N/A - None

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

N/A - None

Educational Background (schools attended) if no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
N/A - None			

Educational Background (other) Attach a separate sheet if necessary.

N/A - None

Prior Governmental Experience (elected or appointed) if no relevant experience, None or NA must be entered.

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Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

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2/5/2015
Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number 95006

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Amendment

Candidate Information

Name of Candidate

First Greg	MI W.	Last McCulley	Suffix Mr.	Title
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How you would like your name to appear on the ballot

First Greg	MI	Last McCulley	Suffix Mr.
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Candidate Residence/Route Address

Street Address 2317 3 rd Street	City Malin	State Oregon	Zip 97632
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Candidate Mailing Address

Street Address or PO Box P.O. Box 504	City Malin	State Oregon	Zip 97632
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Contact Information: Only one phone number is required.

Work Phone	Home Phone (541) 723-5895	Cell Phone 541-591-0852	Fax
Email Address	Web Site, if applicable		

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of:

District, Position or County: Malin Rural Fire Protection District
Director, Position #4

Occupation (present employment) If no relevant experience, None or NA must be entered.

N/A - None

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

N/A - None

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
N/A	None		

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Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

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Candidate's Signature

2/5/2013
Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number 95004