Candidate Filing District		MAR 0 9 2015		SEL 190 rev 01/14 ORS 255.235
All information must be comple		rejected.		
This filing is an	🔀 Original		mendment	
Candidate Information				
Name of Candidate				
Jared		** Kalina	suffix Mr.	Title
How you would like your name to a	ppear on the ballot			
First Jared	MI   L	**Kalina	Suffix	
Candidate Residence/Route Addres	<b>.</b>		the state of the s	
Street Address	•	City	State	Zip
2104 3rd St.	reet	Malin	Ovegon	-9763
Candidate Mailing Address				
Street Address or PO Box		City	State	Zip
P.O. Box 6		Malin	Oregon	-9763:
Work Phone Ho	ome Phone	Cell Phone (541)539 - 899 Web Site, if applicable	Fax	
Filing Information Filing with the required \$10.00 fe				
Office Information Filing for Office of:				n an an an Anna Anna 2 - Anna Anna Anna Anna Anna Anna Anna An
District, Position or County: Mal Divector - Pos Occupation (present employment)	in Rural ( ition #1 ino relevant experience	Fire Protection D e, None or NA must be entered.	istrict	
N/A	-None			
Occupational Background (previous	employment) If no rele	vant experience, None or NA must b	e entered	
N/¥	7 - Non-	2		
ontinued on the reverse side of th	is form			SEL 190

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Al /m	11		
///4 -	Ivone		

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:

- → 1 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

9500

**Date Signed** 

\_\_\_\_\_

CC Approval Code/Receipt Number\_

Candidate Filing District		Μ	AR <b>0 9</b> 2015	SEL 1
•	ompleted or the form will be reje			
This filing is an	🗙 Original		Amendment	
Candidate Information				an a
Name of Candidate	······································			
Les	R. Last	Sturm	Suffix Mr.	Title
How you would like your nam	e to appear on the ballot			
First	MI Last	<u></u>	Suffix	
Les	Ϋ́Υ. 5	Sturm	Mr.	
Candidate Residence/Route A Street Address	odress stny Road	City Malin	State	Zip
Candidate Mailing Address	Scrig hoad	<u>in alin</u>	Ovegon	- 9763
Street Address or PO Box		City	State	Zip
36121 Stats	hu Dad	Malin	Oregon	- <u>0</u> n/.
Work Phone (541)723-3218	Home Phone (541)723-321	Cell Phone 54189166 Web Site, if applicable	98 Fax	
Email Address			·····	
Filing Information				
Filing with the required \$10	J.UU TEE	· · · · · · · · · · · · · · · · · · ·		
Prospective Petition			·····	
Office Information				
Filing for Office of:				
District, Position or County:	Malin Kural Fir Director Positic nent) If no relevant experience, N	$n \pm 5$	<u>District</u>	
Occupation (present employm		<u> 1999 - Santa S</u>		
and a second	/A - None			
Ņ	A - None	t experience, None or NA must	be entered.	

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Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
1/10	Alana		
N/H	FIVONE		
/			
Educational Background (other) Attach a separa	ate sheet if necessary.		
N/A -	-None		

N/A - None

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

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Candidate's Signature

2/5

NO

Date Signed

ils \_\_\_\_\_

CC Approval Code/Receipt Number

Candidate Filing District			MAR <b>0 9</b> 2015	SEL 19 rev 01/ ORS 255.2
All information must be comple				083 253.2
This filing is an	🔀 Origina	۱ [	Amendment	
Candidate Information				
Name of Candidate	1-141 - 141			
First	W.	McCulley	Suffix Mr.	Title
How you would like your name to a	ppear on the ballot		1.21	
First Greg	MI	Last McCulley	Suffix Mr	·
Candidate Residence/Route Addres	s			
Street Address		City	State	Zip
2317 3td 5+1	reet	Malin	Oreg	on-976
Candidate Mailing Address				99. 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997
$\overline{P.0.Box}$ 504		Malin	State	Zip
(5	ome Phone 4)723-5	Cell Phone	Fax 852	
Email Address		Web Site, if applicable		
Filing Information				na na seg
Filing with the required \$10.00 fe				
Prospective Petition	···			· · · · · · · · · · · · · · · · · · ·
Office Information				
Filing for Office of:				
District, Position or County: Ma Direct Occupation (present employment)	lin Kura	1 Fire Protectic	n District	section and the section of the
Occupation (present employment) I	t no relevant experie	nce, None or NA must be entered.		
N/A	- Non	e		
Occupational Background (previous	employment) if no r	relevant experience, None or NA m	ust be entered.	
N/A	- Non	0		

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Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
N//n	1/000		
/V/Ff	TVOTILE		
Educational Background (other) Attach a separ	rate sheet if necessary.		

A - None

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

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Candidate's Signa

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