Candidate Filing

All information must be completed This filing is an	Ori			Amendment	
Candidate Information					
Name of Candidate					
First	MI	Last		Suffix	Title
Becky	Α	McK	(ibben		
How you would like your name to app	ear on the ba	ıllot			
First	MI	Last		Suffix	
Becky	·	Mcl	Kibben		
Candidate Residence/Route Address					
Street Address	-, -		City	State	Zip
12954 Marlatt Rd S			Jefferson	OF	97352
	··				
Candidate Mailing Address		<u> </u>	City	State	Zip
Street Address or PO Box			City	1	541
		<u> </u>			
Contact information: Only one phone	number is rec	nuired.			_
	e Phone		Cell Phone	Fax	*************************************
MOLK LUGING	1-327-	3617	•	•	
	1-021		Web Site, if applicable		
Email Address			Web Site, a applicable		
on@proaxis.com					
Filler Information					
Filing Information					
Filing with the required \$10.00 fee Prospective Petition		<u> </u>			
	<u> </u>	<u> </u>			
Office Information					
Filling for Office of: Director-Position 2					
District, Position or County: Jefferson R	ural Fire Prote	ection District		<u></u>	
Occupation (present employment) if r	o relevant ex	operience, Noi	ne or NA must be entered.		
Escrow Closer-Ticor Title					
MODION TION					

out of

Complete name of School (no acronyms)	Last Grade completed	e or NA must be entered. Diploma/Degree/Certificate	Course of Study
There leta	Last of day completed	多AS	General
Tefferson High School	12	Diploma	General
	(1)	IN PIOTICE	OCAL CA
ducational Background (other) Attach a separ	ate sheet if necessary.		
rior Governmental Experience (elected or ap	pointed) If no relevant expen	Tence, None or NA must be ente	red.
sefferson Five Board Me	lmber - 15 year	′ S	
	•		
mpaign Finance Information (not applicable indidate Committee	to candidates for federal of	fice)	
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$75	0 or receive more than \$750	during each calendar vear. I und	lerstand i must still keen
records of all campaign transactions and if to	otal contributions or total ex	penditures exceed \$750 during a	calendar year, I must
follow the requirements detailed in the Cam	• -	(an)	
No, but will be filing a Statement of Organiz	ation for Candidate Committ	ee (SEL 220).	
	-		
	-		
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	-		15 MI
			15 MAR 1
			MAR 11
			00.1.04 00.1.d
			00.1.04 00.1.d
		O, et K	

For Office Use Only Initials

Candidate Filing District				· .		SEL 190 rev 01/14 ORS 255.235
All information must be cor	npleted or the form w	ıili be reject	ed .			
This filing is an	Origi	nal	An	iendmen	t	
Candidate Information					7 + 3 Tu - 4 + 7 ava+ 4 - 2	1 - 1 - 1 - 1 - 1
Name of Candidate		Last	A STATE OF THE STA	4 V 42	Suffix	Title
David	R	Jon	es	-	Julia	Title
How you would like your name	to appear on the ballo	ot				
First	MI	Last			Suffix	
David	R	Jon	es			
Candidate Residence/Route Add	Iress				9 (32) (1.5	ga spaintealas
Street Address			City		State	Zip
565 S 5th Str	,		Jefferson		OR	97352
Candidate Mailing Address			eng to engined admiration of the	respects freely	anderten baldet	s vija nga poj
Street Address or PO Box			City		State	Zip
PO Box 1136			Jefferson		OR	97352
Contact Information: Only one p	hone number is requir	red.	a elemen	Same Bridge	+ 3 r Wars V I	694
Work Phone	Home Phone 541-327-3	3514	Cell Phone 503-871-8143	Fax	,	
Email Address			Web Site, if applicable		(a ca	20.7
drjfireman@gmail.com				•	j.F	<u> </u>
Filing Information					JARGE	FEB C
Filing with the required \$10.0	O fee				Ĺ)	- □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Prospective Petition					3	9 3
Office Information					R 성	
Filing for Office of: Director pos	ition # 3				111 12	
District, Position or County: Jeffe		ection Dist	rict			
Occupation (present employmen	t) if no relevant exper	ience, None	e or NA must be entered.			
Board Vice President, Jeff Councilor, City of Jefferson Board Member, Board of F	n, Oregon term e	exp 12/31	1/16			
Occupational Background (previo	us employment) if no	o relevant ex	perience, None or NA must be	entered.		
Supervising Deputy, Orego Captain, Kingsley Fireld Fi	on State Fire Mar	rshal 19	99 until retired 12/31/20			

Educational Background (schools attended) if Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Western Oregon State Ciollege	16	Advanced Certificate	Fire Service Admir
Pikes Peak Community College	14	Assoc. Applied Science	Fire Science
National Fire Academy		Open Learning Diploma	Fire Service Admi
Educational Background (other) Attach a separ	rate sheet if necessary.		
Lakeview Oregon Senior High School grad	luated June 1973		·
		fice)	
Campaign Finance Information (not applicable Candidate Committee	to candidates for federal of		and the state of t
Candidate Committee Yes, I have a candidate committee.			
Candidate Committee	0 or receive more than \$750 otal contributions or total ex paign Finance Manual.	during each calendar year. I und penditures exceed \$750 during a	lerstand I must still keep
Candidate Committee Yes, I have a candidate committee. No, I do not expect to spend more than \$75 records of all campaign transactions and if to follow the requirements detailed in the Cam	0 or receive more than \$750 otal contributions or total ex paign Finance Manual.	during each calendar year. I und penditures exceed \$750 during a	lerstand I must still keep
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Candidate Committee Yes, I have a candidate committee. No, I do not expect to spend more than \$75 records of all campaign transactions and if to follow the requirements detailed in the Cam No, but will be filing a Statement of Organiz y signing this document, I hereby state that: → I will qualify for said office if elected	0 or receive more than \$750 otal contributions or total ex palgn Finance Manual. ation for Candidate Committ	during each calendar year. i und penditures exceed \$750 during a ee (SEL 220).	lerstand I must still keep
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CC Approval Code/Receipt Number 20338/

SEL 190 rev 01/14

Candidate Filing

District			•			ORS 255.235
All information must be co	mpleted or the form v	will be rejec	ted.			
This filing is an	🔀 Orig	inal		Amendme	nt	
Candidate Information		· . · · · ·			n a gan	
Name of Candidate					- ca	<u> </u>
First	MI	Last	90	·	Suffix	Title
Daniel		Frei	tag			
How you would like your name	to appear on the ball	lot				
First	MI	Last			Suffix	
Danny	L	Fre	itag			
Candidate Residence/Route Ad	dress					
Street Address			City		State	Zip
452 Olsen			Jefferson		OR	97352
Candidate Mailing Address						
Street Address or PO Box		.,,	City		State	Zip
37943 Kelly Rd			['] Scio		OR	97374
0,0,0,0,0,0						
Contact Information: Only one	phone number is requi	ired.			<u> </u>	
Work Phone	Home Phone		Cell Phone 503-798-13	Fax 335		
Email Address		14	Web Site, if applica	ble		
freitag_danny@yahoo.co	m					
Filing Information					-	
Filing with the required \$10.)0 fee					
Prospective Petition						
Office Information	• •					
Filing for Office of: Jefferson RFF	D, Director, Position 5					
District, Position or County: Jeffe	rson RFPD, Director, F	osition 5				
Occupation (present employme	nt) If no relevant expe	erience, Non	e or NA must be enter	ed.		
Jefferson Rural Fire Prote						
			Name and Alexander	much ha ant-und		·
Occupational Background (prev		io reievant e	xperience, None or NA	unast ne eutetea.		
Paramedic/Firefighter/Vo	lunteer					

·			
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
Chemeketa Community College	AAS	AAS degree in Emergency Medical Technology	Paramedic
			, , , , , , , , , , , , , , , , , , , ,
Educational Background (other) Attach a separa	te sheet if necessary.		
244444444444444444444444444444444444444			
Prior Governmental Experience (elected or app	ointed) If no relevant expe	ience, None or NA must be enter	ed.
NA			
			*
Campaign Finance Information (not applicable	to candidates for federal of	fice)	
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 Tunde	retand I must still keen
records of all campaign transactions and if to			
follow the requirements detailed in the Camp			, , , , , , , , , , , , , , , , , , , ,
No, but will be filing a Statement of Organiza	=	ee (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)



CUL 1776
CC Approval Code/Receipt Number 703476