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v	131		U

All information must be comple	eted or the form	ı will be rejec				
This filing is an	Ori	iginal	Ę	Amendment		
Candidate Information						
Name of Candidate						
First	МІ	Last		5	Suffix	Title
James	Р	Mu	lhern			
How you would like your name to a	ppear on the ba	allot				
First	МІ	Last		5	Suffix	
James	I	· · · · · · · · · · · · · · · · · · ·	lhern	l		
Candidate Residence/Route Address	ss					
Street Address			City	5	State	Zip
5487 Kayak Way	NE		Keizer	1	Or	97303
Candidate Mailing Address						
Street Address or PO Box			City	S	State	Zip
5487 Kayak Way	NE		Keizer	(Or	97303
Contact Information: Only one phon	ie number is req	uired.				
	ome Phone		· Cell Phone	Fax		
503-588-6526			503-580-646	7		
Email Address			Web Site, if applicable			
amespmulhern@yahoo.com						
Filing Information						
Filing with the required \$10.00 fee	е					
Prospective Petition						
Office Information						
Filing for Office of: Board of Director		""				
District, Position or County: Keizer Fi	re District Posi	tion #3				
Occupation (present employment) If	no relevant exp	erience, Non	e or NA must be entered.			
Fire Fighter / Paramedic	-					
Occupational Background (previous e	employment) If	no relevant e	experience, None or NA mus	t be entered.		
Salem Hospital Emergency R						
,						

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Sprague High School	12	Diploma	College Prep
Chemeketa Community College	14	Associates of Applied Science	Paramedic
Chemeketa Community College	14	Assiciates of Applied Science	Fire Supression
Nestern/Eastern Oregon University	15	None	Fire Service Admir
Educational Background (other) Attach a separat	e sheet if necessary.		
Prior Governmental Experience (elected or appo	ointed) If no relevant exper	ience. None or NA must be enter	ed.

1
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 Signat

3/17/2015

Date Signed

<u>X1</u>7-130

BILL JAGESS, OCUMPY CLERK

15 MR 17 P12:03

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For Office Use Only Initials

(19月2日) (18月2日 HOLGO Approval Code/Receipt Number_

	🗷 Origina	al		Amendment	
This filing is an			i		
Candidate Information					
Name of Candidate	· · · · · · · · · · · · · · · · · · ·	1			
First	MI	Last		Suffix	Title
Chester	$ \omega$	Patt	Esson		
low you would like your na	me to appear on the ballot	(A) NS. 8 1			
First	MI	Last		Suffix	
Chet		Patte	rson		
Candidate Residence/Route	Address				
Street Address		City		State	Zip
371 mcNa	ry Hts Driv	K	1221	DR	9730
Candidate Mailing Address	the Cartinate the service of the ser				
treet Address or PO Box		City		State	Zip
Sami					
Contact Information: Only o	ne phone number is require	d .		e di la produkta de di ka	A PANT 2
Work Phone	Home Phone	Cell Ph	one	Fax	
				•	
	503-393-4	1102 50	3-8201-51	A2	
Email Address	503-393-4	//07 50 Web S	<i>7 - 8\$1 −57</i> ite, if applicable	93	
•		Web S	7 - SSI - 57 ite, if applicable	93	
	503-393-4	Web S	7 - SSI - 57 ite, if applicable	93	
chesta		Web S	7 - SSI - 57 ite, if applicable	93	
Chesta	er wp@gmail.	Web S	3 · SSI - 57 ite, if applicable	93	
•	er wp@gmail.	Web S	7 - SSI) - 57 ite, if applicable	93	
Chesta illing Information Filling with the required \$: Prospective Petition	er wp@gmail.	Web S	3 - SEI - 57 ite, if applicable	93	
Chesta er wp <i>(6) g mail A</i> 10.00 fee	Web S	•	93		
Chesta er wp (6) g mail a 10.00 fee rector Posi	Webs	•	93		
Chesta illing Information Filling with the required \$2 Prospective Petition Office Information illing for Office of:	er wp <i>(6) g mail A</i> 10.00 fee	Webs	•	93	
Chesta illing Information Filling with the required \$: Prospective Petition office Information illing for Office of: District, Position or County:	rector Positives	Webs Com tion 3	•	93	
Illing Information Filling with the required \$: Prospective Petition Office Information Illing for Office of: District, Position or County:	rector Positives	Webs Com tion 3	•	93	
Iling Information Filing with the required \$: Prospective Petition Iffice Information Iling for Office of: District, Position or County:	rector Positives	Webs Com tion 3	•	93	
Chesto rector Positive of the Positive Fire Diment) If no relevant experience	Hon 3	ust be entered.			
Chesta illing Information Filling with the required \$2 Prospective Petition office Information illing for Office of: istrict, Position or County: ccupation (present employed)	rector Positive of the property of the propert	Hon 3	ust be entered.		

Educational Background (schools attended) If no			Low route
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Southern Oregon State College	SCAION	BS	a ccountris
Educational Background (other) Attach a separate	sheet if necessary.		,
		All	
Prior Governmental Experience (elected or appo	inted) If no relevant avne	ionso None or NA must be ente	rad
		ience, None of IVA must be ente	reu.
City Councilor. City of City Councila. City 1 x	Keizer 1992 Yeizer 2002		
CHy toencula. Chy of t	4 2000		
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 c			
records of all campaign transactions and if tota follow the requirements detailed in the Campa		penditures exceed \$750 during a	calendar year, I must
No, but will be filing a Statement of Organizati	_	ee (SEL 220).	
		,	
By signing this document, I hereby state that:			
→ I will qualify for said office if elected			
\rightarrow 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	f a felony with a fine of up to \$1	25,000 and/or prison for
up to 5 years. (ORS 260.715). A person m	nay only file for one lucrati	ve office at the same election.	general control
(ORS 249.013 and ORS 249.170)		: •	
		· /	
		t Chru	<i>M</i> 9, 2015 Date Signed
Candidate's			Date Signed
		•	
	人10:130	······	
	. o. mod atrick ∃	NET TOUG	
	בספי מסוגווג טויבני.	Jans Toe	
	CCCI Danill	ė si	
	65.84 0-M	3	

CC Approval Code/Receipt Number 203373

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	rev 01/14
	ORS 255.235

Candidate Information Name of Candidate First Michael						
First						
* **					· 	
Michael	M	Las	t .		Suffix	Title
	D	Ba	uer			
How you would like your na	me to appear on th	ne ballot				
First	MI	Las	t		Suffix	
Vichael	' D	['] Ba	uer			
Candidate Residence/Route	Address					
Street Address			City		State	Zip
1731 Aldine Dr Ne			['] Keizer		OR	97303
Candidate Mailing Address						
Street Address or PO Box			City		State	Zip
731 Aldine Dr Ne			Keizer		OR	97303
Contact Information: Only or	ne phone number is	s required.		·		
Work Phone	Home Phone		Cell Phone	Fax		
603-742 - 2600	N/A		503-507-0552	2		
Email Address nikebauer41 @gmail.co	om ,		Web Site, if applic	cable		
iling Information						
Filing with the required \$1	10,00 fee					
Prospective Petition	3				4-	
Office Information						
iling for Office of: Keizer F	ire District Boa	ard of Direc	tors			
District, Position or County: P	Position 4					
Occupation (present employ	ment) If no relevan	t experience, f	None or NA must be ente	ered.		
irefighter/Paramedic v	with Clackamas	s Fire Distri	ct #1 (4/07-Preser	nt)		
J	•					
						.
occupational Background (pr	revious employmer	nt) If no releva	nt experience, None or i L/ハス_オ/ハブ\	NA must be entered.		
irefighter/Paramedic v olunteer Firefighter wi	willi Neizer Fire i ith Keizer Fire i	: אוטנווטנ (I District /11	1703-4707) 199-10/03)			



Last Grade completed	Diploma/Degree/Certificate	Course of Study
	Bachelors	Fire Service Admin
	Associates	Fire Suppress Tech
	Associates	Emergency Med Te
sheet if necessary.		1
ited) If no relevant exper	ence, None or NA must be ente	red.
,		
andidates for federal off	ice)	
receive more than \$750 : contributions or total exp	during each calendar year. I und enditures exceed \$750 during a	erstand I must still keep
n Finance Manual.	enditures exceed \$750 during a	caleiluai year, i must
n for Candidate Committe	e (SEL 220).	
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orm is true to the best of i	ny knowledge	
nay result in conviction of	a felony with a fine of up to \$12	5 000 and for prices for
		5,000 and/or prison for
	02/0	9/2015
	02/0	9/2015 Date Signed
·		Date Signed
		Date Signed
<u>A10 :30</u>		Date Signed
ALC : 30	TURNERS FERTOTON Sheets	
· · · · · · · · · · · · · · · · · · ·	TURNOS Persona Sheets June 1718	Date Signed
	receive more than \$750 contributions or total exponsion Finance Manual. In for Candidate Committee form is true to the best of a gray result in conviction of	sheet if necessary. Inted) If no relevant experience, None or NA must be enter Candidates for federal office) receive more than \$750 during each calendar year. I undecontributions or total expenditures exceed \$750 during a

District						rev 01/14 ORS 255.235
All information must be co			ed.			
This filing is an	🔀 Original			Amendmen	it	
Candidate Information						
Name of Candidate					N 40, 1 4 10, 11	
First	МІ	Last			Suffix	Title
JAMES	¥.	7	Audor			
How you would like your name	to annear on the ballot					
First	MI	Last			Suffix	
Dim	1 1		STOLLE			
Candidate Residence/Route Ad	dress					
Street Address			City		State	Zip
leuchas Meadous	ARK DR N.E	. ,	KEIZER	•	່ ບ _ິ ດ,	97.303
Candidate Mailing Address						
Street Address or PO Box			City		State	Zip
•						
Contact Information: Only one p	phone number is required				Şirdə, oralı	
Work Phone	Home Phone		Cell Phone	Fax		
	503-304-86.	PLi	503 990-275	J.		
Email Address			Web Site, if applicable		100-11	
TAYLORD 1947 0 G	mail com					
Filing Information	$(x_{i,j})_{i=1,\dots,n} = (x_{i,j})_{i=1,\dots,n}$				<u> </u>	
Filing with the required \$10.0	00 fee	•	• • • •			
Prospective Petition						
Office Information	e jirwatak na			Name of the	7 1 1960 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	अने अनुभीता । अन्यो
Filling for Office of: Pos.	*5					
District, Position or County:	& Keizzer Fire	<u>s. B</u>	rec)			
Occupation (present employment	nt) If no relevant experien	ice, None	or NA must be entered.	•••		
						·
Owner Dim's LA	wa Service					
Occupational Background (previ		levant ex	perience, None or NA mu	ıst be entered.	<u> </u>	
1						

Complete name of School (no acronyms)	relevant experience, Non Last Grade completed	Diploma/Degree/Certificate	Course of Study
North Salem Hook Serrol	12	485	Course of Study
Western OR.	1	· NO	Sec. Education
		100,	GOOD ISQUENTIA
Educational Background (other) Attach a separate	sheet if necessary.		
Prior Governmental Experience (elected or appo	inted) If no relevant exper	ience. None or NA must be enter	red .
12 yrs Keizer City C	(isonva		<u> </u>
3			
		,	
Campaign Finance Information (not applicable to	candidates for federal of	ice)	
Candidate Committee		The state of the s	
Yes, I have a candidate committee.			
No, I do not expect to spend more than \$750 o	r receive more than \$750	during each calendar year. I unde	erstand I must still keep
records of all campaign transactions and if total follow the requirements detailed in the Campai	-contributions or total exp gn Finance Manual.	enditures exceed \$750 during a	calendar year, I must
No, but will be filing a Statement of Organization		e (SEL 220).	
v signing this document, I hereby state that:			
→ I will qualify for said office if elected		•	•
ightarrow all information provided by me on this f	orm is true to the best of I	ny knowledge	
	orm is true to the best of I	ny knowledge	
Warning			
Warning Supplying false information on this form r	nay result in conviction of	a felony with a fine of up to \$12	5,000 and/or prison for
Warning	nay result in conviction of	a felony with a fine of up to \$12	5,000 and/or prison for
Warning Supplying false information on this form rup to 5 years. (ORS 260.715). A person ma	nay result in conviction of	a felony with a fine of up to \$12	5,000 and/or prison for
Warning Supplying false information on this form rup to 5 years. (ORS 260.715). A person ma	nay result in conviction of	a felony with a fine of up to \$12	5,000 and/or prison for
Warning Supplying false information on this form rup to 5 years. (ORS 260.715). A person ma	nay result in conviction of	a felony with a fine of up to \$12	5,000 and/or prison for
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of	a felony with a fine of up to \$12	5,000 and/or prison for
Warning Supplying false information on this form rup to 5 years. (ORS 260.715). A person ma	nay result in conviction of	a felony with a fine of up to \$12	3/16/15 Date Signed
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of	a felony with a fine of up to \$12	3/16/15 Date Signed
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of	a felony with a fine of up to \$12	3/16/15 Date Signed
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of	a felony with a fine of up to \$12	3/16/15 Date Signed
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of	a felony with a fine of up to \$12	3/16/15 Date Signed
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of ay only file for one lucrativ	a felony with a fine of up to \$12	3/16/15 Date Signed
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of	a felony with a fine of up to \$12. e office at the same election.	3/16/15 Date Signed
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of ay only file for one lucrativ	a felony with a fine of up to \$12. e office at the same election.	5,000 and/or prison for 3/16/15 Date Signed
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of ay only file for one lucrativ	a felony with a fine of up to \$12. e office at the same election.	3/16/13 Date Signed
Warning Supplying false information on this form r up to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	ALOHAO	a felony with a fine of up to \$12. e office at the same election.	3/16/15 Date Signed
Warning Supplying false information on this form rup to 5 years. (ORS 260.715). A person ma (ORS 249.013 and ORS 249.170)	nay result in conviction of ay only file for one lucrativ	a felony with a fine of up to \$12. e office at the same election.	3/16/15 Date Signed

rev 01/14 ORS 255.235

This filing is an	Or	iginal	[Amendment	•
Candidate Information					
Name of Candidate					
First	MI	Last		Suffix	Title
Betty	L.	Hart	<u>t</u>		·
How you would like your name	to appear on the ba	illot			
First	MI	Last		Suffix	
Betty		Har	t	•	
Candidate Residence/Route Add	lress				
Street Address			City	State	Zip
6955 9th Court NE			Keizer	OR	97303
Candidate Mailing Address					
Street Address or PO Box			City	State	Zip
3955 9th Court NE			Keizer	OR	97303
Contact Information: Only one p	hone number is req	uired.			
Work Phone	Home Phone		Cell Phone	Fax	
	50339011	22	5039492522	•	
Email Address			Web Site, if applicable		
artmb30@msn.com					
iling Information					
Filing with the required \$10.0	0 fee	· - ·			
Prospective Petition					
Office Information				,	
iling for Office of: Board of Direct					
District, Position or County: Keize	r Rural Fire Protectio	n District, Pos	ition #5	~~~~	
Occupation (present employmen	t) If no relevant exp	erience, None	e or NA must be entered.		
IA					
Occupational Background (previo	ous employment) if	no relevant ex	xperience, None or NA mus	t be entered.	
chief Financial Officer, No					
community Services Adm					





, 					
Education	onal Background (schools attended) If	no relevant experience, Non	e or NA must be entered.		
	e name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study	
L	ette University		Master of Administration	Acctg./Finance	
Univer	sity of Washington		Bachelor of Arts	Mathematics	
Educatio	onal Background (other) Attach a separ	rate sheet if necessary.			
Prior Go	vernmental Experience (elected or ap	pointed) If no relevant expe	rience, None or NA must be ente	ered.	
NA					
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 fo					
	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)				
				, ,	
				01/24/15	
	-			/ Date Signed	
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