rev 01/14 ORS 255.235

All information must be completed or the			double	
This filing is an	Original	<u> </u>	Amendment	
Candidate Information				
Name of Candidate			Cuffin	Title
- 1104	Al Last		Suffix	Title
Michael	J IVIIIna	ausen		
How you would like your name to appear on	the ballot			1
	/I Last		Suffix	
Michael		ausen	•	
Michael				
Candidate Residence/Route Address	· .		<u> </u>	
Street Address		City	State	Zip
550 Edgewood Drive		Silverton	OR	97381
Candidate Mailing Address				
Street Address or PO Box		City	State	Zip
550 Edgewood Drive		Silverton	OR_	97381
	- in required			[
Contact Information: Only one phone number		Cell Phone	Fax	
Work Phone Home Phon	ie	303-396-9185	1	
503-399-6527		Web Site, if applicable		
Email Address		Web Site, ii applicable		
mmilhausen16@gmail.com			ξτ: τπ	
Filing Information			(C) (M)	<u> </u>
Filing with the required \$10.00 fee			UR.C.	
Prospective Petition			[7]	3 0
Office Information Filing for Office of: Silver Falls Library Board			ы	. DEE
District, Position or County: Silver Falls Library	District, Marion Coun	ty	[M] (2	<u> </u>
Occupation (present employment) If no relev	-		7 .	
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Dean Math and Odonoo at Onomo.	10101 001111111111111111111111111111111			
		The state of the s	à antorod	
Occupational Background (previous employr			De entereu.	· · · · · · · · · · · · · · · · · · ·
University, technology industry and	community colle	ege experience.		



Continued on the reverse side of this form

SEL 190

SI

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
yracuse University		PhD	Biochemistry
e Moyne College		BS	Biology
ducational Background (other) Attach a sepa	arate sheet if necessary.		
	•		
rior Governmental Experience (elected or a	ppointed) If no relevant exper	ience, None or NA must be ente	ered.
olorado State Board for Communi	ty Colleges		
ampaign Finance Information (not applicabl	le to candidates for federal of	fice)	
Indidate Committee		**************************************	
muidate committee	•		
Yes, I have a candidate committee.	•		· · ·
Yes, I have a candidate committee. No, I do not expect to spend more than \$7			
Yes, I have a candidate committee. No, I do not expect to spend more than \$7 records of all campaign transactions and if	total contributions or total exp		
Yes, I have a candidate committee. No, I do not expect to spend more than \$7 records of all campaign transactions and if follow the requirements detailed in the Car	total contributions or total ex npaign Finance Manual.	penditures exceed \$750 during a	
Yes, I have a candidate committee. No, I do not expect to spend more than \$7 records of all campaign transactions and if	total contributions or total ex npaign Finance Manual.	penditures exceed \$750 during a	
Yes, I have a candidate committee. No, I do not expect to spend more than \$7 records of all campaign transactions and if follow the requirements detailed in the Car No, but will be filing a Statement of Organi	total contributions or total ex npaign Finance Manual.	penditures exceed \$750 during a	
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Yes, I have a candidate committee. No, I do not expect to spend more than \$7 records of all campaign transactions and if follow the requirements detailed in the Car. No, but will be filing a Statement of Organics signing this document, I hereby state that:	total contributions or total exp npaign Finance Manual. ization for Candidate Committ d	ee (SEL 220).	
Yes, I have a candidate committee. No, I do not expect to spend more than \$7 records of all campaign transactions and if follow the requirements detailed in the Car No, but will be filing a Statement of Organi signing this document, I hereby state that:	total contributions or total exp npaign Finance Manual. ization for Candidate Committ d	ee (SEL 220).	
Yes, I have a candidate committee. No, I do not expect to spend more than \$7 records of all campaign transactions and if follow the requirements detailed in the Car No, but will be filing a Statement of Organisigning this document, I hereby state that: H will qualify for said office if elected	total contributions or total exp npaign Finance Manual. ization for Candidate Committ d	ee (SEL 220).	
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For Office Use Only Initials

CC Approval Code/Receipt Number 203488 \$10.00 CR # 2185

Candidate Information Name of Candidate First Wayne L. Last Suggs Suffix Title How you would like your name to appear on the ballot First Wayne L. Last Suggs Suffix Suffix Title Candidate Residence/Route Address Street Address Grity Grity	All information must be complete.	,	ected. ਿ	- Amondmont	
Name of Candidate First Wayne MIL. Last SUggs Suffix Title How you would like your name to appear on the ballot First Wayne MIL. Last SUggs Candidate Residence/Route Address Street Address Street Address Gity State Zip 906 Travis Dr. Silverton R 9738 Candidate Mailing Address Street Address or PO Box 906 Travis Dr. Silverton R 9738 Contact Information: Only one phone number is required. Work Phone Home Phone 503-803-4341 Email Address Web Site, if applicable WI Suggs & Gron hier. Com Silling Information Filling information Filling for Office of: Boccoa Mandres Prospective Petition Office Information Filling roof Office of: Boccoa Mandres Director District, Position or County: Silver Falls Library District Decupation (present employment) If no relevant experience, None or NA must be entered. Reference librarian 1964-1967 Resistant Director 1969-1923 History Director 1969-1923 History Director 1969-1923 History Director 1973-206	This filing is an	🔀 Original	}!-	Amendment	
First Wayne Mi Last SUggs Suffix Title How you would like your name to appear on the ballot First Wagne Mi Last SUggs Suffix First Wagne Mi Last SUggs Suffix Candidate Residence/Route Address Street Address City State Zip 906 Travis Dr. Silverton OR 9738 Candidate Mailing Address Street Address or PO Box City State Zip 906 Travis Dr. Silverton OR 9738 Contact Information: Only one phone number is required. Work Phone Home Phone Cell Phone Fax 503-803-4341 Email Address Web Site, if applicable WI Suggs & Fron her, Com Filling Information Filling Information Filling information Filling for Office of: Board Manbor Director Description Director Description (present employment) If no relevant experience, None or NA must be entered. **Reference Librarian 1964-1964 **Resistant Director 1969-1923 **Hishand Director 1969-192	Candidate Information				
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Candidate Residence/Route Address Street Address 906 Travis Dr. Candidate Mailing Address Street Address or PO Box 906 Travis Dr. City State Zip 906 Travis Dr. City State Zip 906 Travis Dr. City State Zip 906 Travis Dr. Contact Information: Only one phone number is required. Work Phone Home Phone Cell Phone Fax 503-873-4341 Email Address Web Site, if applicable WL Suggs & Gron tier, Com Filling Information Filling with the required \$10.00 fee Prospective Petition Office Information Filling for Office of: Beard Alember Director District, Position or County: Silver 7alls Library District Occupation (present employment) If no relevant experience, None or NA must be entered. Reference Librarian 1964-1964 Reference Librarian 1964-1973 Resistant Director 1969-1973 Resistant Director 1969-1973 Resistant Director 1969-1973 Resistant Director 193-2206	How you would like your name to a				
Street Address 906 Travis Dr. Candidate Mailling Address Street Address or PO Box 906 Travis Dr. Contact Information: Only one phone number is required. Work Phone Home Phone Sold-Bright Steet Sold-Bright S	First Wagne	MI Last	Suggs	Suffix	
Gandidate Mailing Address Street Address or PO Box 906 Travis DV: Contact Information: Only one phone number is required. Work Phone Home Phone Fax 503-803-4341 Email Address Web Site, if applicable WI Suggs & Gron tier, com Filling with the required \$10.00 fee Prospective Petition Office Information Office Information Office Information Comparison or County: Silver Falls Library District Occupation (present employment) If no relevant experience, None or NA must be entered. Reference Librarian 1964-1967 Assistuat Director 1969-1922 Attarpy Director 1969-1922	Candidate Residence/Route Address	5			
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Street Address or PO Box 906 Travis Dr. Si (ver for) Si (ver for) Si (ver for) Contact Information: Only one phone number is required. Work Phone Home Phone SO3-803-4341 Email Address Web Site, if applicable WI Suggs & Frontier. Com Filling Information Filling with the required \$10.00 fee Prospective Petition Office Information Filling for Office of: Backst Manker Director District, Position or County: Silver Falls Library District Occupation (present employment) If no relevant experience, None or NA must be entered. **Reference Librarian 1964-1964 Assistant Director 1969-1903 Library Director 1969-1903 Library Director 1969-1903 Library Director 1933-2006	906 Travis	Dr.	Silveritan	OR	9738
Street Address or PO Box 906 Travis Dr. Si (ver for) Si (ver for) Si (ver for) Contact Information: Only one phone number is required. Work Phone Home Phone SO3-803-4341 Email Address Web Site, if applicable WI Suggs & Frontier. Com Filling Information Filling with the required \$10.00 fee Prospective Petition Office Information Filling for Office of: Backst Manker Director District, Position or County: Silver Falls Library District Occupation (present employment) If no relevant experience, None or NA must be entered. **Reference Librarian 1964-1964 Assistant Director 1969-1903 Library Director 1969-1903 Library Director 1969-1903 Library Director 1933-2006	Candidate Mailing Address				
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Work Phone Home Phone Cell Phone Fax	106 Iravis				
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Prospective Petition Office Information Filing for Office of: Board Member Director District, Position or County: Silver Falls Library District Occupation (present employment) If no relevant experience, None or NA must be entered. Proced Occupational Background (previous employment) If no relevant experience, None or NA must be entered. Reference Librarian 1964-1964 Assistant Director 1969-1903 Library Pirector 1973-2006	-	2			
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Occupational Background (previous employment) If no relevant experience, None or NA must be entered. Reference Librarian 1964-1964 Assistant Director 1969-1903 Library Director 1973-2006	retired				
Reference Librarian 1964-1969 Assistant Director 1969-1903 Library Director 1993-2006			110-1-17-17-17-17-17-17-17-17-17-17-17-17-1		
Assistant Director 1969-1903 Library Director 1993-2006	Occupational Background (previous e	employment) If no relevant	experience, None or NA mus	t be entered.	
Assistant Director 1969-1903 Library Director 1993-2006					
reading process	Assistant Director				
Retired 2006					•
	Retired	2006			

ľ	ound (schools attended) If no		•	1
	chool (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Brigham Young C	Intreesity			General Education
University	of Utah Heart College		B. ≤.	Zoology + Entandogy Library Science
1 mmaculate	Heart College		M. A.	Library Science
Educational Backgro	und (other) Attach a separate	sheet if necessary.		
			ience, None or NA must be ente	red
Silver Falls Lik	strry Board 2011-701	5		
Silver Bulls Bu	dget Committee thoul District Budget		•	
Albany OR So	than District Budget	Committee		
I have worked	1 with City Councils on	d Library Boards for	over 30 gears	
Campaign Einanga In	formation (not applicable to	candidates for fodoral of	fical	•
Canidate Committe	formation (not applicable to	candidates for federal of	iice)	
Yes, I have a cand		or racaiva mara than \$750	during each calendar year. I und	foretand I must still keen
2	· · · · · · · · · · · · · · · · · · ·		penditures exceed \$750 during a	
	ments detailed in the Campa			,, ,, ,,
No, but will be fili	ng a Statement of Organizati	on for Candidate Committ	ee (SEL 220).	
→ all informa Warning Supplying faup to 5 year		may result in conviction o	my knowledge If a felony with a fine of up to \$1 ive office at the same election.	25,000 and/or prison for
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		0.5 601		
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or Office Use Only	Initials	CC Approval FORMA A DEFINATION OF THE EDITION	Code/Receipt Number	73-102

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

This filing is an	@ Or	iginal		Amendment (
Candidate Information						
Name of Candidate						
First	MI	Last		Suf	fix	Title
Katherine	ˈJ	' Alle	n-Beutler	,		
How you would like your name	ne to appear on the ba	illot				
First	MI	Last		Suf	fix	
Kathy	1	['] Beu	itler	ľ		
Candidate Residence/Route	Address					
Street Address			City	Sta	te	Zip
7000 Heron St. NE			Salem	OI		97305
Candidate Mailing Address		<u> </u>				
Street Address or PO Box N/A			City	Sta	te	Zip
Contact Information: Only on	e phone number is req	uired.				
Work Phone	Home Phone		Cell Phone	Fax		
N/A	503-581-9694		·			
Email Address			Web Site, if applic	cable		
Filing Information						
Filing with the required \$1	0.00 fee					
Prospective Petition						
Office Information						
Filing for Office of: Director				•		
District, Position or County: Si	Iver Falls Library	District				
Occupation (present employn		erience, No	ne or NA must be ente	ered.		*1
Retired from Marion Co	unty Elections					
	 			<u>.</u>		
Occupational Background (pre		no relevant	experience, None or I	NA must be entered.		·-
Marion County Elections Oregon State Fair 1995						
Willamette Valley Vineya						
·····						

Complete name of School (no acronyms) Chemeketa Community College	Last Grade completed	Diploma/Degree/Certificate	Course of Study
* -	2 yrs	Associate	Business Managme
Dregon Health Sclences University	1yr	CT	Cytotechnologist
Iniversity of Portland	4yr	BS	Biology
Marycrest High School	4yr	Diploma	

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

Library Board Member (2007-present) Chairperson 3 years

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)

Candi

Candi

Date Signed

FEB 27 AIO 118

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CHIT: 52855

CC Approval Code/Receipt Number_

mber 20340