

Candidate Filing
District

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	MI	Last	Suffix	Title
James	P	Mulhern		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
James		Mulhern	

Candidate Residence/Route Address

Street Address	City	State	Zip
5487 Kayak Way NE	Keizer	Or	97303

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
5487 Kayak Way NE	Keizer	Or	97303

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
503-588-6526		503-580-6467	

Email Address	Web Site, if applicable
jamespmulhern@yahoo.com	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Board of Directors

District, Position or County: Keizer Fire District Position #3

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

Fire Fighter / Paramedic

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

Salem Hospital Emergency Room Technician

OCUR
SMR

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
Sprague High School	12	Diploma	College Prep
Chemeketa Community College	14	Associates of Applied Science	Paramedic
Chemeketa Community College	14	Associates of Applied Science	Fire Supression
Western/Eastern Oregon University	15	None	Fire Service Admin

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.

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:

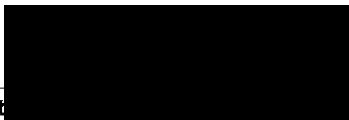
- I will qualify for said office if elected
- all information provided by me on this form is true to the best of my knowledge



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



3/17/2015

Date Signed

DEPUTY
 BILL JUNGESS, COUNTY CLERK
 15 MAR 17 PM 2:03

For Office Use Only

Initials

AS

Approval Code/Receipt Number

203465

Candidate Filing
District

SEL 190
rev 01/14
ORS 255.235

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Chester	W	Patterson		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Chet		Patterson	

Candidate Residence/Route Address

Street Address	City	State	Zip
371 McNary Hts Dr N	Keizer	OR	97303

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
SAMI			

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	503-393-4107	503-881-5193	

Email Address	Web Site, if applicable
chesterwp@gmail.com	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Director Position 3

District, Position or County: Keizer Fire District

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

retired

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

certified Public Accountant
Chief Financial officer

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
Southern Oregon State College	SENIOR	BS	Accounting

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.

City Councilor, City of Kelso 1992
 City Councilor, City of Kelso 2002

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

Candidate Committee

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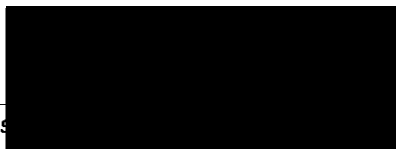
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Candidate's



February 9, 2015

Date Signed

DETROIT

BILL BURGESS, COUNTY CLERK

JAN 9 15 03:59

WAGON COURT & ORDER

For Office Use Only

Initials

AG

CC Approval Code/Receipt Number

203373

Candidate Filing
District

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

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Michael	D	Bauer		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Michael	D	Bauer	

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
1731 Aldine Dr Ne	Keizer	OR	97303

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
503-742-2600	N/A	503-507-0552	

Email Address	Web Site, if applicable
mikebauer41@gmail.com	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Keizer Fire District Board of Directors

District, Position or County: Position 4

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

Firefighter/Paramedic with Clackamas Fire District #1 (4/07-Present)

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

Firefighter/Paramedic with Keizer Fire District (11/03-4/07)
Volunteer Firefighter with Keizer Fire District (11/99-10/03)

OUT
ALL

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
Eastern Oregon University		Bachelors	Fire Service Admin.
Chemeketa Community College		Associates	Fire Suppress Tech
Chemeketa Community College		Associates	Emergency Med Tec
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

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

Candidate Committee

Yes, I have a candidate committee.

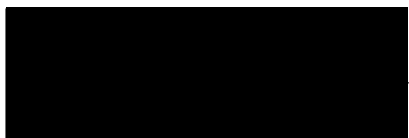
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02/09/2015

Date Signed

TURNED IN 3
 Petition Signatures
 Sheets

DEPT. OF
 BIL. BURGESS COUNTY CLERK

15 JAN-0 11:42
 2015

MAJON COURT. OREGON

For Office Use Only

Initials

[Handwritten Signature]

CC Approval Code/Receipt Number

N/A

Candidate Filing
District

SEL 190

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ORS 255.235

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
JAMES	F.	TAYLOR		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Jim		TAYLOR	

Candidate Residence/Route Address

Street Address	City	State	Zip
1986 MEADOWLARK DR N.E.	KEIZER	OR.	97302

Candidate Mailing Address

Street Address or PO Box	City	State	Zip

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	503-304-2649	503 990-2752	

Email Address	Web Site, if applicable
TAYLORJ1947@GMAIL.COM	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: POS. # 5

District, Position or County: KEIZER FIRE BOARD

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

OWNER JIM'S LAWN SERVICES

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

NA

Continued on the reverse side of this form

SEL 190

DV

OCM
[Signature]

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
North Salem High School	12	Yes	
Western OR.	11	No.	Sec. Education

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.

12 yrs Keizer City Council

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

Candidate Committee

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Candid _____



3/16/15
 Date Signed

DEPUTY
 BILL JURGESS, COUNTY CLERK
 MAR 16 15 15 3:30

For Office Use Only Initials AT

CC Approval Code/Receipt Number 203454

**Candidate Filing
District**

SEL 190

rev 01/14
ORS 255.235

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This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Betty	L.	Hart		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Betty		Hart	

Candidate Residence/Route Address

Street Address	City	State	Zip
6955 9th Court NE	Keizer	OR	97303

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
6955 9th Court NE	Keizer	OR	97303

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	5033901122	5039492522	

Email Address	Web Site, if applicable
hartmb30@msn.com	

Filing Information

Filing with the required \$10.00 fee
 Prospective Petition

Office Information

Filing for Office of: Board of Director
District, Position or County: Keizer Rural Fire Protection District, Position #5

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

NA

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

Chief Financial Officer, Northwest Human Services
Community Services Administrator, City of Salem

Handwritten signature/initials

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
Willamette University		Master of Administration	Acctg./Finance
University of Washington		Bachelor of Arts	Mathematics
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.
 NA

Campaign Finance Information (not applicable to candidates for federal office)
Candidate Committee
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02/24/15
 Date Signed

DEPT. OF

BILL BURGES, COUNTY CLERK

15 FEB 24 10:33

For Office Use Only Initials AB **TCO Approval Code/Receipt Number** _____