

Candidate Filing District

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

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First Steven	MI B	Last Stone	Suffix	Title
-----------------	---------	---------------	--------	-------

How you would like your name to appear on the ballot

First Steven	MI B	Last Stone	Suffix
-----------------	---------	---------------	--------

Candidate Residence/Route Address

Street Address 20753 Riverside Dr.	City St. Paul	State OR	Zip 97137
---------------------------------------	------------------	-------------	--------------

Candidate Mailing Address

Street Address or PO Box 20753 Riverside Dr.	City St. Paul	State OR	Zip 97137
---	------------------	-------------	--------------

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone 503.871.4775	Fax
------------	------------	----------------------------	-----

Email Address	Web Site, if applicable
---------------	-------------------------

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Director Position 1
 District, Position or County: St. Paul School District

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

Medical Economics Manager, Providence Health Plans

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

NA

*own
HHS*

DN

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
University of Oregon	Masters	Masters	Business Administration
Illinois Wesleyan University	Bachelor of Arts	Bachelor of Arts	History
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.

St. Paul School District Board of Directors

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.

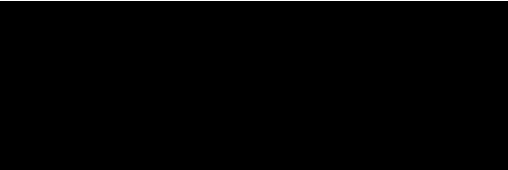
No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

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)

Ca  3/17/2015
Date Signed

DEPUTY
DISTRICT JUDGE, COUNTY OF CLATSOP
15 MAR 17 P4:26

For Office Use Only Initials AS Approval Code/Receipt Number 203475

**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
Kathleen	A	Wilmes		

How you would like your name to appear on the ballot				
First	MI	Last	Suffix	
Kathy	A	Wilmes		

Candidate Residence/Route Address				
Street Address	City	State	Zip	
18995 Arbor Grove Rd. NE	Woodburn	OR	97071	

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	
		503-969-8706		

Email Address	Web Site, if applicable
kwilmes@kgfarmsinc.com	

Filing Information
<input checked="" type="checkbox"/> Filing with the required \$10.00 fee
<input type="checkbox"/> Prospective Petition

Office Information
Filing for Office of: Position 2
District, Position or County: St. Paul School District

Occupation (present employment) If no relevant experience, None or NA must be entered.
Self employed by KG Farms, Inc.

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

Continued on the reverse side of this form

SEL 190

92

OCW
ETP

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
St. Paul Parochial School	8th	Diploma	
St. Paul High School	12th	Diploma	
Linn Benton Community College	n/a	n/a	
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.
 Position 2 St. Paul School Board (2 prior terms)

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).

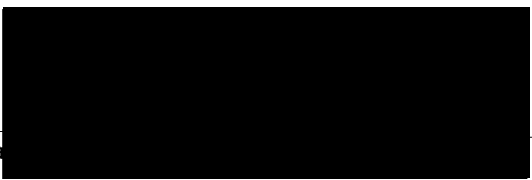
By signing this document, I hereby state that:

- 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)



3-16-15

Date Signed

DEPUTY

BILL BURGESS, COUNTY CLERK

15 MAR 17 P2:36

For Office Use Only

Initials

AS

CC Approval Code/Receipt Number

203470

FILED
 HARRISON COUNTY CLERK'S OFFICE



18542409
505

SEL 190

rev 01/14
ORS 255.235

M GENOVENA ELIAS
20165 FOURTH ST NE
ST PAUL OR 97137

will be rejected.

Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Maria		Genoveva		Elias

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Genoveva		Elias	

Candidate Residence/Route Address

Street Address	City	State	Zip
20165 4th ST NE	St. Paul	OR	97137

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
Same as above			

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
		503-868-8756	

Email Address	Web Site, if applicable
elias@stPaultel.com	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: School Board

District, Position or County: ST. Paul, Position # 7

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

Newberg School District Data entry

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

Migrant Preschool Assistant teacher

DK

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
Dayton High School N/A	12	Diploma	

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.

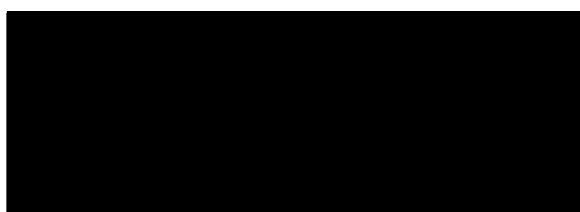
No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

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)



3/17/15
Date Signed

DEPUTY

BILL BURGESS, COUNTY CLERK

15 MAR 17 P4:25

For Office Use Only Initials AO WASHINGTON COUNTY CLERK'S OFFICE CC/Approval Code/Receipt Number 203474