

Candidate Filing

SEL 190

rev 01/16  
ORS 255.235

District

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

This filing is an

Original

Amendment

Office Information

Filing for Office of: *Mt. Angel school board*

District, Position or County: *Mt. Angel school district, position #1*

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

*JOHN*

MI

*J*

Last

*CONKLIN*

Suffix

Title

*MR*

How you would like your name to appear on the ballot

*JOHN J. CONKLIN*

Candidate Residence/Route Address

Street Address

*490 E. COLLEGE*

City

*MT ANGEL*

State

*OR*

Zip

*97362*

Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box

*P.O. BOX 765*

City

*MT ANGEL*

State

*OR*

Zip

*97362*

Work Phone

*---*

Home Phone

*503 845 6016*

Cell Phone

*503 851 0571*

Fax

*---*

Email Address

*johnjconklin@yahoo.com*

Web Site, if applicable

*NA*

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.

*UNCHANGED FROM ORIGINAL APPLICATION*

**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
UNCHANGED			

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.

UNCHANGED

**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)

MARCH 21, 2019

Date Signed

For Office Use Only Initials

CA

**Candidate Filing  
District**

**Marion Co. - Counter**

MAR 20 2019

**SEL 190**

rev 01/16  
ORS 255.235

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

This filing is an

Original

Amendment

**Office Information**

Filing for Office of: School Board Position #1 or #4

District, Position or County: Mount Angel School District 91

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

**Name of Candidate**

First  
John

MI  
J

Last  
Conklin

Suffix

Title  
Mr.

How you would like your name to appear on the ballot

John Conklin

**Candidate Residence/Route Address**

Street Address

490 East College

City

Mt Angel

State

OR

Zip

97362

**Candidate Mailing Address and Contact Information:** Only one phone number is required.

Street Address or PO Box

P O Box 765

City

Mt Angel

State

OR

Zip

97362

Work Phone

NA

Home Phone

503 845 6016

Cell Phone

503 851 0571

Fax

NA

Email Address

johnjconklin@yahoo.com

Web Site, if applicable

NA

**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.

Military 21+ years (Active) and 9 years (Reserve)

- Assistant Professor of Military Science at Southern Oregon University and Oregon Institute of Technology July 1992 - July 1997 Stood up the programs from nothing. Duties included: Program rep for all University and Oregon Military Academy requirements; Supervision of Program staff; Program administrative and management requirements; Lesson Plans, Grading, Record Retention; Teaching all 200-400 level courses except Physical Education

**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
Marist High School, Eugene	12	Yes	High school completion
Linfield College	13	No	Education
Southern Illinois University	16	Yes	Hospital Administration
Southern Oregon University	16+	No	Secondary Edu

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.

Mount Angel Planning Commission 1999-2003x

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

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March 19, 2019

Date Signed



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555

JOHN JOSEPH CONKLIN  
PO BOX 765  
MT ANGEL OR 97362

For Office Use Only Initials