

**Candidate Filing
District**

FEB 11 2015

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	M.	Mullen		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Kathleen	M.	Mullen	

Candidate Residence/Route Address

Street Address	City	State	Zip
18806 Earl Ln.	Crescent Lake	OR	97733

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box 1153	Crescent Lake	OR	97733

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
		541-915-1553	

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

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Director, Position 1
District, Position or County: Central Cascades Fire+EMS

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.

Secretarial

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
Lane Community College			Secretarial
Notre Dame High School	12 th		General

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.

Director, Central Cascades Fire + EMS

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)

Kathleen Muller
Candidate's Signature

2/16/15
Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____

Candidate Filing
District

MAR 02 2015

SEL 190

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Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Nickolas	L	Goeverlenger		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Nick		Goeverlenger	

Candidate Residence/Route Address

Street Address	City	State	Zip
19109 Royce Mtn. way	Crescent Lake	OR	97733

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
NA	541-433-2218 541-433-2218		

Email Address	Web Site, if applicable

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of:

District, Position or County: POSITION 3, Central CASCADES FIRE & EMS

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

Retired (None)

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

Volunteer fire fighter

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
Marylhurst University		BA	Science
Cambridge Associated University		Cert. ficate	Radiation Science

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.

member of Board of directors
central cascades fire & EMS

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

Candidate Committee

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Mich Goevlinger
Candidate's Signature

20 Feb 15
Date Signed

For Office Use Only Initials

MG

CC Approval Code/Receipt Number

94829