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Candidate Information

Candidate Legal Name*

James L. Hainline

Candidate Name (As it should appear on ballot)*

James Hainline

Filing for Office of*

Director

District and/or position (if applicable)*

South Suburban Sanitary District, Position 2

Residence Address, Street/Route*

4510 Onyx Avenue

City*

Klamath Falls

State*

Oregon

Zip*

97603

County of Residence*

Klamath

Home Phone

541-850-3296

Work Phone

Cell Phone

Fax

Email Address*

clipperjim@q.com

Date of Election*

May 21, 2013

Mailing Address (where all correspondence will be sent) Street/Route*

4510 Onyx Avenue

City*

Klamath Falls

State*

Oregon

Zip*

97603

* Indicates a required field. At least one phone number is also required.

Filing Information

Filing with the required \$10.00 fee.

Filing by petition with the required signature sheets.

Required Information (if no relevant information, list "none")

Occupation present employment – paid or unpaid (required)

Retired

Occupational Background previous employment – paid or unpaid (required)

Wildlife Biologist, Klamath Basin National Wildlife Refuges

Educational Background schools attended, use attachment if needed (required)

Complete Name of School (no acronyms)	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Macomb High School, Macomb, IL	12	HS Diploma	
Western Illinois University, Macomb, IL			Biology
Southern Illinois University, Carbondale, IL	BA		Zoology
University of Nevada, Reno, NV	MS		Zoology

Other:

Required Information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)

Klamath County Park Board

Klamath River TMDL Advisory Committee

Lost River Sub-basin Agricultural Water Quality Management Plan Local Advisory Committee

South Suburban Sanitary District Budget Board

South Suburban Sanitary District Board of Directors

By signing this document, I hereby certify that:

→ I will qualify for said office if elected

→ All information provided by me on this form, including my occupation, educational and occupational background, **and** prior governmental experience, is true to the best of my knowledge

Check the applicable box (not applicable to candidates for federal office - US Senate and US Representative):

- By marking this box, I certify I do not have an existing candidate committee and 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 2012 Campaign Finance Manual.
- By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the 2012 Campaign Finance Manual.

! 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). No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013 and ORS 249.170).

James L. Hamline
Candidate's Signature

February 20, 2013
Date Signed

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

Receipt #

District Candidate Filing

FEB 21 2013

SEL 190

rev 1/12: ORS 255.235

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Candidate Information			
Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
Leonard Harrington		Len Harrington #3	
Filing for Office of*		District and/or position (if applicable)*	
Board member		South Suburban Senator	
Residence Address, Street/Route*			
5702 Bryant Ave			
City*	State*	Zip*	County of Residence*
Klamath Falls	Oregon	97603	Klamath
Home Phone	Work Phone	Cell Phone	Fax
541-882-5288		541-892-5541	
Email Address*		Date of Election*	
		May 21 2013	
Mailing Address (where all correspondence will be sent) Street/Route*			
5702 Bryant			
City*	State*	Zip*	
Klamath Falls	Oregon	97603	

* Indicates a required field. At least one phone number is also required.

Filing Information	
<input checked="" type="radio"/> Filing with the required \$10.00 fee.	
<input type="radio"/> Filing by petition with the required signature sheets.	

Required Information (if no relevant information, list "none")	
Occupation present employment - paid or unpaid (required)	
Retired	
Occupational Background previous employment - paid or unpaid (required)	
KCS D - Teacher Principal	

Educational Background schools attended, use attachment if needed (required)			
Complete Name of School (no acronyms)	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Post Graduate		Degree	MSED
Other:			

(continued)

SEL 190



Required information (if no relevant information, list "none" or "n/a")

Prior Governmental Experience elected or appointed (required)

Ward Park
Souther Suburban Sanitary

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