

Candidate Filing 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: Director

District, Position or County: Main Cemetery Maintenance District 4 yr

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Lester	L	Newmeyer		

How you would like your name to appear on the ballot

Lester Newmeyer

Candidate Residence/Route Address

Street Address	City	State	Zip
2519 Main St.	Main	OR	97632

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

Street Address or PO Box	City	State	Zip
PO Box 164	Main	OR	97632

Work Phone	Home Phone	Cell Phone	Fax
	541-723-2271	541-891-9598	

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

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.

Welder, Fabricator, Park manager

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
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.

Director Mason Cemetery

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)

Lester L. Neumeier
Candidate's Signature

3-7-19
Date Signed

For Office Use Only

Initials

LN

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: Malin Cemetery, Director

District, Position or County: Malin Cemetery Maintenance District Jyr

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First <u>JARED</u>	MI <u>L</u>	Last <u>KALINA</u>	Suffix	Title
-----------------------	----------------	-----------------------	--------	-------

How you would like your name to appear on the ballot

JARED KALINA

Candidate Residence/Route Address

Street Address <u>2200 Lakeview Ave</u>	City <u>Malin</u>	State <u>OR</u>	Zip <u>97632</u>
--	----------------------	--------------------	---------------------

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

Street Address or PO Box <u>PO Box 6</u>	City <u>Malin</u>	State <u>OR</u>	Zip <u>97632</u>
---	----------------------	--------------------	---------------------

Work Phone <u>541 723 2681</u>	Home Phone	Cell Phone <u>541 539 8990</u>	Fax
-----------------------------------	------------	-----------------------------------	-----

Email Address <u>Jared Kalina 1740 @ gmail.com</u>	Web Site, if applicable
---	-------------------------

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

Kalina Hardware Inc

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

NA



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
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.

Director Malin Cemetery
 Director Malin Five

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

1/5/19
 Date Signed

For Office Use Only Initials 

