Bill Paul Jennings

Filing for Office of:
Klamath Falls City School Board Zone 7

City: Klamath Falls, State: OR, Zip: 97601

Home Phone: 541-331-6662, Work Phone: 541-331-6662

Email Address: bill.p.jennings@gmail.com
Mailing Address: 1834 Birch Street

Educational Background

School: San Jose State University
Degree: BA in Mathematics

School: Oregon Institute of Technology
Degree: BS in Information Technology

School: Colorado State University
Degree: Statistics

School: University of Phoenix
Degree: MS in Mathematics Curriculum

Other:
Prior Governmental Experience elected or appointed (required)

Klamath Falls City School Board 2009-2013

By signing this document, I hereby certify that:

1. I will qualify for said office if elected
2. 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.

Candidate’s Signature 2-15-13

Date Signed
### District Candidate Filing

**Candidate Information**

<table>
<thead>
<tr>
<th>Candidate Legal Name*</th>
<th>Candidate Name (As it should appear on ballot)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael G. Moore</td>
<td>Mike Moore</td>
</tr>
</tbody>
</table>

**Filing for Office of**

Klamath Falls City Schools School Board Member

**Residence Address, Street/Route***

2818 Front St.

<table>
<thead>
<tr>
<th>City*</th>
<th>State*</th>
<th>Zip*</th>
<th>County of Residence*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klamath Falls</td>
<td>OR</td>
<td>97601</td>
<td>Klamath</td>
</tr>
</tbody>
</table>

**Home Phone** 541-883-7713

**Work Phone** 541-892-1886

**Cell Phone** 541-892-1886

**Email Address*** mgmoorekf@gmail.com

**Data of Election*** 05/21/2013

**Fax**

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

2818 Front St.

<table>
<thead>
<tr>
<th>City*</th>
<th>State*</th>
<th>Zip*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klamath Falls</td>
<td>OR</td>
<td>97601</td>
</tr>
</tbody>
</table>

* 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)**

**Business Owner**

**Occupational Background** previous employment – paid or unpaid (required)

- Subway Sandwich Franchise Owner - 1989 to present
- Retail Grocery Management - 1983 to 1988

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

<table>
<thead>
<tr>
<th>Complete Name of School (no acronyms)</th>
<th>Last Grade Level</th>
<th>Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)</th>
<th>Course of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bend Senior High School</td>
<td>12</td>
<td>High School Diploma</td>
<td></td>
</tr>
<tr>
<td>Willamette University</td>
<td></td>
<td>BS</td>
<td>Economics/Mathematics</td>
</tr>
</tbody>
</table>

**Other:**

(continued)
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).

Candidate's Signature: __________________________ Date Signed: 2-15-2013

For Office Use Only

Initials: __________________________ Cash, Check Number, or credit card approval #: __________________________ Receipt #: __________________________
District Candidate Filing

This information is a matter of public record and may be published or reproduced. [ ] Original [ ] Amendment

Candidate Information
Candidate Legal Name*
Robert Sears

Candidate Name (As it should appear on ballot)*
Robert Sears

Filing for Office of*
City School Board

District and/or position (if applicable)*
Zone 3 - Conger

Residence Address, Street/Route*
720 Ponderosa Dr.

City*
Klamath Falls

State* OR Zip* 97601

County of Residence*
Klamath

Home Phone
(541) 8273-2061

Work Phone
(541) 883-1030

Cell Phone

Fax

Email Address*

Date of Election*
5/21/2013

Mailing Address (where all correspondence will be sent) Street/Route*
720 Ponderosa Dr.

City*
Klamath Falls

State* OR Zip* 97601

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

Filing Information
✓ Filing with the required $10.00 fee.

Required Information (If no relevant Information, list "none")
Occupation present employment – paid or unpaid (required)
OHSU/Cascade East Family Practice – Physician / Pediatrician / child Psychiatrist

Occupational Background previous employment – paid or unpaid (required)
Faculty – OHSU Family Medicine, Klamath Falls, OR 2006 - Present

Medical Director – Juvenile Detention Hall – Klamath Falls, OR 2010 - Present

Educational Background schools attended, use attachment if needed (required)
Complete Name of School (no acronyms)
University of Kentucky Department of Psychiatry " Pediatrics
University of Kentucky College of Medicine
Earlham College
Berea Community School, Berea, KY

Last Grade Level
Completed
Board Certified
Completed

Diploma/Degree/Certificate
(AA, BA, BS, MA, PhD, etc)
M.D.

Course of Study
optional
Adult Psychiatry / Pediatrics / child / Adolescent Psychiatry

Medicine

BA - Biology

H.S.

Other:

(continued)

SEL 190

2/20/2013 9:35 AM

1 of 2
Prior Governmental Experience

Appointed to Zone 3 - Conger January 2013

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).

B. Sears, Sr.

Candidate's Signature

3/11/2013

Date Signed

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

Receipt #