This information is a matter of public record and may be published or reproduced.

**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>JOHN A. HUGHOTO</td>
<td>JOHN A. HUGHOTO</td>
</tr>
</tbody>
</table>

**Filing for Office of**

<table>
<thead>
<tr>
<th>Board member</th>
</tr>
</thead>
</table>

**Residence Address, Street/Route**

| 2147 6TH ST.          |

**City** | **State** | **Zip** | **County of Residence** |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Malin</td>
<td>OR</td>
<td>97632</td>
<td>Klamath</td>
</tr>
</tbody>
</table>

**Home Phone** | **Work Phone** | **Cell Phone** | **Fax** |
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>541.223.4511</td>
<td>541.662.4864</td>
<td>541.891.9586</td>
<td></td>
</tr>
</tbody>
</table>

**Email Address** | **Date of Election** |
| JOHN@CALCRAPE.COM | MAY 21ST 2013 SPECIAL DISTRICTS |

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

| PO BOX 222         |

**City** | **State** | **Zip** |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Malin</td>
<td>OR</td>
<td>97632</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)
  - Cal-Cre Produce

**Occupational Background**

- Previous employment – paid or unpaid (required)
  - JM Produce Malin, OR

**Educational Background**

<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>Cortez High</td>
<td>GED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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 that 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 269.715). 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: 2/18/2013

For Office Use Only:

Cash, Check Number, or credit card approval #: ___________________________

Receipt #: ___________________________
District Candidate Filing

Candidate Information

Candidate Legal Name* Phillip W. Beasly
Candidate Name (As it should appear on ballot)* Phil Beasly
Filing for Office of* Park Board Member
District and/or position (if applicable)* Malin Park District
Residence Address, Street/Route* 3046 Bryant St.
City* Malin State* OR Zip* 97632 County of Residence* Klamath
Home Phone (541) 723-2247 Work Phone (541) 723-2261
Email Address* Date of Election* May 21, 2013 Special District
Mailing Address (where all correspondence will be sent) Street/Route* P.O. Box 243
City* Malin State* OR Zip* 97632

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

Filing Information

Filing with the required $10.00 fee.

O Filing by petition with the required signature sheets.

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

Occupation present employment – paid or unpaid (required)
Klamath County School District

Occupational Background previous employment – paid or unpaid (required)
Night Custodian

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

Lost River High School 12th grade
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):

X By marking this box, I certify that 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.

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Candidate's Signature: Phillip W. Beasley
Date Signed: 3-13-13

For Office Use Only
Initials: LMB
Cash, Check Number, or credit card approval #: CA
Receipt #: 20001
## District Candidate Filing

**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")**
- **Occupational present employment - paid or unpaid (required):** 
  - **Basin Bag Co - Paid**
- **Occupational Background previous employment - paid or unpaid (required):** 

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

<table>
<thead>
<tr>
<th>School Attended</th>
<th>Last Grade Level Completed</th>
<th>Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc.)</th>
<th>Course of Study (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Graduated Last River High School</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Mailing Address (where all correspondence will be sent) Street/Route**
- **PO Box 192**

**City** | **State** | **Zip**
--- | --- | ---
**Malin** | **OR** | **97632**

**Candidate Information**
- **Candidate Legal Name**: Tom Clark
- **Candidate Name (As it should appear on ballot)**: Tom Clark
- **Filing for Office of**: Malin Park Board
- **Residence Address, Street/Route**: 35520 Starkey Rd, PO Box 192
- **City**: Malin
  - **State**: OR
  - **Zip**: 97632
- **County of Residence**: Klamath

**Home Phone**: 541-223-3991
**Work Phone**: 541-291-8737
**Cell Phone**: 541-223-2539
**Fax**: 

**Email Address**: 
**Date of Election**: Special District Election 5/21/13

**Other:**

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

Prior Governmental Experience elected or appointed (required)

N/A

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.

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Thomas D. Clark
Candidate's Signature

1-10-2013
Date Signed

Malpey

N/A

Yes

Cash, Check Number, or credit card approval #
Recall #
This information is a matter of public record and may be published or reproduced.

Candidate Information
Candidate Legal Name*
Genevieve C. Broussard

Candidate Name (As it should appear on ballot)*
Genny Broussard

Filing for Office of*
Board Member

District and/or position (if applicable)*
Malin Park & Recreation District

Residence Address, Street/Route*
30976 Transformer Road

City*
Malin
State* OR
Zip* 97632
County of Residence*
Klamath

Home Phone
541-723-3347

Work Phone
Cell Phone
Fax

Email Address*
Squeeky_777@yahoo.com

Date of Election*
Special Election May 21, 2013

Mailing Address (where all correspondence will be sent) Street/Route*
PO Box 468

City*
Malin
State* OR
Zip* 97632

* 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)
one

Occupational Background previous employment – paid or unpaid (required)
Jan 2010 - Aug 2010 US Census Bureau - Bend/Redmond, OR
Nov 1999 - Mar 2000 United States Postal Service - Bonanza, OR
Jan 1997 - July 1995 United Parcel Service - Ontario, CA

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
Oregon Institute of Technology 2004 B.S., Business Management Marketing
Oregon Institute of Technology 2003 B.S., Business Management Small Business/Entrepreneurship
Oregon Institute of Technology 2000 A.A.S., Applied Associated Science Office Systems Technology
Oregon Institute of Technology 2003 Certificate Accounting

Other:

(continued)
By signing this document, I hereby certify that:

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- 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

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---

Candidate’s Signature: [Signature]
Date Signed: [Mar. 21, 2013]

For Office Use Only

Initials: [Initials]
Cash, Check Number, or credit card approval #: [5734]
Receipt #: [70895]