FEB 2 0 2013

SEL 190 rev 1/12: ORS 255.235

Candidate Information											
Candidate Legal Name* James L. Hainline Filing for Office of* Director			Candidate Name (As it should appear on ballot)* James Hainline District and/or position (if applicable)* South Suburban Sanitary District, Position 2								
						Residence Address, Street/Rou	ıte*				
						4510 Onyx Avenue					
City*	:	State*	Zip*	County of Res	sidence*						
Klamath Falls		Oregon	97603	Klamath							
Home Phone 541-850-3296	Work P	hone	Cell Phone	; F	-ax						
Email Address*		Date of Election*									
clipperjim@q.com		May 21, 2013									
Mailing Address (where all corr 1510 Onyx Avenue	respondenc	e will be sent) Street	/Route*								
City*	· · · · · · · · · · · · · · · · · · ·	State*	Zip*								
Klamath Falls	-	Oregon	97603								
' Indicates a required field. At	l least one p	shone number is als	o required.								
iling Information											
Filing with the required \$10.	.00 fee.										
Required Information (if no rele Decupation present employme	evant inforn	nation, list "none")									
Required Information (if no rele Occupation present employme Retired Occupational Background prev Wildlife Biologist, Klamat	evant informent – paid or vious emplo th Basin I	nation, list "none") unpaid (required) yment – paid or unpa National Wildlife	Refuges								
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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.
- O 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.

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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

Hainline

zbruary 20, 20/3 Date Signed

For Office Use Only

Initials

Cash, Check Number, or credit card approval #

Receipt #

District Candidate Filing

SEL 190

lacktriangledown This information is a matter of public record and may be published or reproduced. \mathscr{S} Original O Amendment Candidate Information Candidate Name (Aş it should appear on ballot)* Candidate Legal Name* ion azi District and/or position (if applicable) Filing for Office of* Residence Address, Street/Route* County of Residence* State 7603 **Work Phone** Cell Phone 541 892-554 541-882 Date of Election* Email Address* Mailing Address (where all correspondence will be sent) Street/Route* State* Zip* City* 97603 * Indicates a required field. At least one phone hamber is also required. Filing Information A Filing with the required \$10.00 fee. O Filing by petition with the required signature sheets. Required Information III no relevant information, list (none") Occupation present employment - paid or unpaid (required) Occupational Background previous employment - paid or unpaid (required) Educational Background schools attended, use attachment if needed (required) Complete Name of School (no acronyms) Last Grade Level Diploma/Degree/Certificate **Course of Study** (AA, BA, BS, MA, PhD, etc) Completed optional Other:

Required Information (if no relevant information, list "none" of "ñ/a")
Prior Governmental Experience elected or appointed (required)
Wiard Park South Subur born Sanitory
South Subur Ware tory
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Candidate's Signature Date Signed
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