

Candidate Filing
District

MAR 15 2023

SEL 190

rev 08/22
ORS 255.235

i This form must be filed with county elections official. All information must be completed or the form will be rejected.

2023 District Election Filing Dates

Candidate Filing February 4, 2023 to March 16, 2023

Withdrawal Date March 16, 2023

This filing is an

Original

Amendment

Office Information

Filing for Office of: Pilot Rock Cemetery District Director Position 3

District, Position or County: Pilot Rock Cemetery District

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Karen

MI

J

Last

Bopp

Suffix

Mrs.

How you would like your name to appear on the ballot

Karen J. Bopp

Candidate Residence/Route Address

Street Address

634 NE 6th St.

City

Pilot Rock

State

OR

Zip

97868

Candidate Mailing Address and Contact Information

Street Address or PO Box

PO Box 295

City

Pilot Rock

State

OR

Zip

97868

Work Phone

Home Phone

Cell Phone

541-969-1691

Fax

Email Address

karenjbopp@gmail.com

Web Site, if applicable

Race and Ethnicity Optional

Caucasian

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

N/A Retired

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

14+ years Pilot Rock Cemetery Board

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Pilot Rock High School	12 th	1959 Grad	General
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.

14+ years Pilot Rock Cemetery board

Campaign Finance Information (not applicable to candidates for federal office)

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).
If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.
See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

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)

03/16/2023
Date Signed

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Office Information

Filing for Office of:

Board Member

District, Position or County:

District Pilot Rock Com #1

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Helen

MI

Nancy

Last

Kroesting

Suffix

How you would like your name to appear on the ballot

Nancy Kroesting

Candidate Residence/Route Address

Street Address

6633 East Birch Creek Rd

City

Pilot Rock

State

OR

Zip

97868

Candidate Mailing Address and Contact Information

Street Address or PO Box

P.O. Box 399

City

Pilot Rock

State

OR

Zip

97868

Work Phone

NA

Home Phone

541-443-4621

Cell Phone

541-372-2756

Fax

NA

Email Address

Web Site, if applicable

Race and Ethnicity Optional

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

NA

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	Last Grade completed	Diploma/Degree/Certificate	Course of Study
NA			

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.

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_____ 8-6-23
Date Signed

