

KATE BROWN  
SECRETARY OF STATE



JIM WILLIAMS  
DIRECTOR  
255 CAPITOL STREET NE, SUITE 501  
SALEM, OREGON 97310-0722  
(503) 986-1518

August 27, 2014

Tim Reeves  
4278 NE Azalea St  
Hillsboro, OR 97124

Dear Mr. Reeves,

On August 25, 2014, this office received a "certificate of nomination" for Brenden King from you, Tim Reeves, under the Libertarian Party of Oregon for the office of State Representative, District 34, for the November 4, 2014 general election.

A certificate of nomination made by a minor political party shall be signed by the officer of the minor political party and an affidavit shall be made on the certificate by the presiding officer and secretary and sworn to or affirmed by them before a judge or notary public. A state central committee is the highest party authority in the state and may adopt rules or resolutions for any matter of party government which is not controlled by the laws of this state. ORS 248.072.

The certification of nomination provided for you is not signed by a recognized officer registered with the Secretary of State Elections Divisions for the Libertarian Party of Oregon. Therefore, we are unable to accept this filing for the November 4, 2014 general election.

Thank you.

Sincerely,

  
Jan Flowers  
Compliance Specialist

c: Brenden King  
PO Box 8232  
Beaverton, OR 97207

KATE BROWN  
SECRETARY OF STATE



JIM WILLIAMS  
DIRECTOR  
255 CAPITOL STREET NE, SUITE 501  
SALEM, OREGON 97310-0722  
(503) 986-1518

August 27, 2014

Tim Reeves  
4278 NE Azalea St  
Hillsboro, OR 97124

Dear Mr. Reeves,

On August 25, 2014, this office received a "certificate of nomination" for David Terry from you, Tim Reeves, under the Libertarian Party of Oregon for the office of State Representative, District 24, for the November 4, 2014 general election.

A certificate of nomination made by a minor political party shall be signed by the officer of the minor political party and an affidavit shall be made on the certificate by the presiding officer and secretary and sworn to or affirmed by them before a judge or notary public. A state central committee is the highest party authority in the state and may adopt rules or resolutions for any matter of party government which is not controlled by the laws of this state. ORS 248.072.

The certification of nomination provided for you is not signed by a recognized officer registered with the Secretary of State Elections Divisions for the Libertarian Party of Oregon. Therefore, we are unable to accept this filing for the November 4, 2014 general election.

Thank you.

Sincerely,

  
Jan Flowers  
Compliance Specialist

c: David Terry  
1636 NW 8<sup>th</sup> St  
McMinnville, OR 97128

KATE BROWN  
SECRETARY OF STATE



JIM WILLIAMS  
DIRECTOR

255 CAPITOL STREET NE, SUITE 501  
SALEM, OREGON 97310-0722

(503) 986-1518

August 27, 2014

Tim Reeves  
4278 NE Azalea St  
Hillsboro, OR 97124

Dear Mr. Reeves,

On August 25, 2014, this office received a "certificate of nomination" for James Buchal, from you, Tim Reeves, under the Libertarian Party of Oregon for the office of US Representative, District 3, for the November 4, 2014 general election.

A certificate of nomination made by a minor political party shall be signed by the officer of the minor political party and an affidavit shall be made on the certificate by the presiding officer and secretary and sworn to or affirmed by them before a judge or notary public. A state central committee is the highest party authority in the state and may adopt rules or resolutions for any matter of party government which is not controlled by the laws of this state. ORS 248.072.

The certification of nomination provided for you is not signed by a recognized officer registered with the Secretary of State Elections Divisions for the Libertarian Party of Oregon. Therefore, we are unable to accept this filing for the November 4, 2014 general election.

Thank you.

Sincerely,

  
Jan Flowers  
Compliance Specialist

c: James Buchal  
3425 SE Yamhill, St, Ste 100  
Portland, OR 97214

KATE BROWN  
SECRETARY OF STATE



JIM WILLIAMS  
DIRECTOR  
255 CAPITOL STREET NE, SUITE 501  
SALEM, OREGON 97310-0722  
(503) 986-1518

August 27, 2014

Tim Reeves  
4278 NE Azalea St  
Hillsboro, OR 97124

Dear Mr. Reeves,

On August 25, 2014, this office received a "certificate of nomination" for Kim Thatcher, from you, Tim Reeves, under the Libertarian Party of Oregon for the office of State Senate, District 13, for the November 4, 2014 general election.

A certificate of nomination made by a minor political party shall be signed by the officer of the minor political party and an affidavit shall be made on the certificate by the presiding officer and secretary and sworn to or affirmed by them before a judge or notary public. A state central committee is the highest party authority in the state and may adopt rules or resolutions for any matter of party government which is not controlled by the laws of this state. ORS 248.072.

The certification of nomination provided for you is not signed by a recognized officer registered with the Secretary of State Elections Divisions for the Libertarian Party of Oregon. Therefore, we are unable to accept this filing for the November 4, 2014 general election.

Thank you.

Sincerely,

  
Jan Flowers  
Compliance Specialist

c: Kim Thatcher  
PO Box 9111  
Salem, OR 97305

KATE BROWN  
SECRETARY OF STATE



JIM WILLIAMS  
DIRECTOR  
255 CAPITOL STREET NE, SUITE 501  
SALEM, OREGON 97310-0722  
(503) 986-1518

August 27, 2014

Tim Reeves  
4278 NE Azalea St  
Hillsboro, OR 97124

Dear Mr. Reeves,

On August 25, 2014, this office received a "certificate of nomination" for yourself, from you, Tim Reeves, under the Libertarian Party of Oregon for the office of State Representative, District 15, for the November 4, 2014 general election.

A certificate of nomination made by a minor political party shall be signed by the officer of the minor political party and an affidavit shall be made on the certificate by the presiding officer and secretary and sworn to or affirmed by them before a judge or notary public. A state central committee is the highest party authority in the state and may adopt rules or resolutions for any matter of party government which is not controlled by the laws of this state. ORS 248.072.

The certification of nomination provided for you is not signed by a recognized officer registered with the Secretary of State Elections Divisions for the Libertarian Party of Oregon. Therefore, we are unable to accept this filing for the November 4, 2014 general election.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Flowers".

Jan Flowers  
Compliance Specialist

KATE BROWN  
SECRETARY OF STATE



JIM WILLIAMS  
DIRECTOR  
255 CAPITOL STREET NE, SUITE 501  
SALEM, OREGON 97310-0722  
(503) 986-1518

August 27, 2014

Tim Reeves  
4278 NE Azalea St  
Hillsboro, OR 97124

Dear Mr. Reeves,

On August 25, 2014, this office received a "certificate of nomination" for Jason Yates from you, Tim Reeves, under the Libertarian Party of Oregon for the office of US Representative, District 1, for the November 4, 2014 general election.

A certificate of nomination made by a minor political party shall be signed by the officer of the minor political party and an affidavit shall be made on the certificate by the presiding officer and secretary and sworn to or affirmed by them before a judge or notary public. A state central committee is the highest party authority in the state and may adopt rules or resolutions for any matter of party government which is not controlled by the laws of this state. ORS 248.072.

The certification of nomination provided for you is not signed by a recognized officer registered with the Secretary of State Elections Divisions for the Libertarian Party of Oregon. Therefore, we are unable to accept this filing for the November 4, 2014 general election.

Thank you.

Sincerely,

  
Jan Flowers  
Compliance Specialist

c: Jason Yates  
901 Brutscher St, Ste D, PMB #166  
Newberg, OR 97132

# Candidate Filing

## Minor Political Party

**SEL 110**  
rev 01/14  
ORS 249.720

KING

2014 General Election Filing Dates		
Candidate Filing	Voter Pamphlet Filing Filed electronically using ORESTAR	Nomination Withdrawal
June 4, 2014 to August 26, 2014	July 7 2014 to August 26, 2014	August 29, 2014

All information must be completed or the form will be rejected.

This filing is an  Original  Amendment

Filing Officer  
 Secretary of State  County Elections Official  City Recorder (Auditor)

### Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
BRENDEN		KING		

### How you would like your name to appear on the ballot

First	MI	Last	Suffix
BRENDEN		KING	

### Candidate Residence/Route Address

Street Address	City	State	Zip
12520 SW GEM LN. APT. #1303	BEAVERTON	OR	97005

### Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. BOX 8232	PORTLAND	OR	97207

### Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	971-238-4257		

Email Address	Web Site, if applicable
VOTEFORBRENDEN@GMAIL.COM	WWW.VOTEFORBRENDEN.WEEBLY.COM

### Office Information

Filing for Office of:	District, Position or County:
STATE HOUSE OF REPRESENTATIVES	34

### Multiple Nomination Information See 2014 Candidates Manual for default order

List other nominations to be printed on ballot. REPUBLICAN

Other nominations should be printed in what order?  Default  Specified:

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

FINANCIAL INSTITUTION

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

N/A

RECEIVED  
2014 AUG 25 PM 4 07  
KATE BROWN  
SECRETARY OF THE STATE

RING

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
PORTLAND COMMUNITY COLLEGE	—	ASSOCIATES DEGREE	
MONTANA STATE UNIVERSITY	—	—	GENERAL

Educational Background (other) Attach a separate sheet if necessary.  
 NONE

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.  
 NONE

**Candidate Nomination Certificate**

I swear the statements on this certificate and any related documents are true.

Name of Minor Political Party **LIBERTARIAN**

Signature of Officer of Minor Political Party *[Signature]* Date Signed **8/24/14**

Printed Name of Officer of Minor Political Party **TIMOTHY REEVES**

State of OREGON, County of **Washington**

Signed before me on **August 24, 2014** by **TIMOTHY REEVES**

*[Signature]*  
 Judge or Notary Public – State of Oregon

OFFICIAL SEAL  
 BLAKE T PORTER  
 NOTARY PUBLIC-OREGON  
 COMMISSION NO. 477930  
 MY COMMISSION EXPIRES APRIL 30, 2017

**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 accept the nomination for the office indicated above  
 I will qualify for said office if elected and  
 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 or at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

*[Signature]*

Candidate's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

For Office Use Only Initials \_\_\_\_\_

RECEIVED  
 2014 AUG 25 PM 4 07  
 CLATE BROWN  
 SECRETARY OF THE STATE



# Candidate Filing

## Minor Political Party

**SEL 110**  
rev 01/14  
ORS 249.720

TERRY

2014 General Election Filing Dates		
Candidate Filing	Voter Pamphlet Filing Filed electronically using ORESTAR	Nomination Withdrawal
June 4, 2014 to August 26, 2014	July 7 2014 to August 26, 2014	August 29, 2014

**Ⓢ** All information must be completed or the form will be rejected.

This filing is an  Original  Amendment

Filing Officer:  Secretary of State  County Elections Official  City Recorder/Auditor

### Candidate Information

Name of Candidate			
First	MI	Last	Title
DAVID		TERRY	

### How you would like your name to appear on the ballot

First	MI	Last	Suffix
DAVID		TERRY	

### Candidate Residence/Route Address

Street Address	City	State	Zip
1636 NW 8TH STREET	McMINNVILLE	OR	97128

### Candidate Mailing Address

Street Address or PO Box	City	State	Zip
1636 NW 8TH STREET	McMINNVILLE	OR	97128

### Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	503-474-3866		

Email Address	Web Site, if applicable
DAVET41@COMCAST.NET	

### Office Information

Filing for Office of:	District, Position or County:
OREGON HOUSE OF REPRESENTATIVES	DISTRICT # 24

Multiple Nomination Information See 2014 Candidates Manual for default order

List other nominations to be printed on ballot. **NONE**

Other nominations should be printed in what order?  Default  Specified:

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

~~OVER FORTY YEARS IN SALES AND SALES MANAGEMENT, PRIMARILY IN THE ELECTRICAL INDUSTRY~~

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

U.S. ARMY, SPECIALIST E-4.

RECEIVED  
2014 AUG 25 PM 3 19  
STATE BROWN  
SECRETARY OF THE STATE

DAVID TERRY

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
BAKERSFIELD COLLEGE (CA)	—	ASSOCIATES DEGREE	SOC. SCIENCES & HUMANITIES
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.

CURRENT CHAIR, LIBERTARIAN PARTY OF YAMHILL COUNTY; FORMER SECRETARY, LIBERTARIAN PARTY OF OREGON

**Candidate Nomination Certificate**  
 I swear the statements on this certificate and any related documents are true.

Name of Minor Political Party **LIBERTARIAN**

Signature of Officer of Minor Political Party *[Signature]* Date Signed **8/24/14**

Printed Name of Officer of Minor Political Party **TIMOTHY REEVES**

State of OREGON, County of **Washington**

Signed before me on **August 24**, 20 **14** by **TIMOTHY REEVES**

*[Signature]*

\_\_\_\_\_  
 Judge or Notary Public – State of Oregon

OFFICIAL SEAL  
 BLAKE T PORTER  
 NOTARY PUBLIC-OREGON  
 COMMISSION NO. 477930  
 MY COMMISSION EXPIRES APRIL 30, 2017

**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).

RECEIVED  
 2014 AUG 25 PM 3 20  
 KARE BROWN  
 SECRETARY OF THE STATE

By signing this document, I hereby state that:

- I will accept the nomination for the office indicated above
- I will qualify for said office if elected and
- 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 or at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

*David Terry* August 25, 2014

Candidate's Signature Date Signed

For Office Use Only Initials \_\_\_\_\_

Candidate Filing  
Minor Political Party

JASON YATES

SEL 110

rev 01/14  
ORS 249.720

2014 General Election Filing Dates

Candidate Filing June 4, 2014 to August 26, 2014	Voter Pamphlet Filing Filed electronically using ORESTAR July 7 2014 to August 26, 2014	Nomination Withdrawal August 29, 2014
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All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Filing Officer

Secretary of State

County Elections Official

City Recorder (Auditor)

Candidate Information

Name of Candidate

First WILLIAM	MI J	Last YATES	Suffix	Title
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How you would like your name to appear on the ballot

First JASON	MI	Last YATES	Suffix
----------------	----	---------------	--------

Candidate Residence/Route Address

Street Address 804 ALDERCREST DRIVE	City NEWBERG	State OR	Zip 97132
--	-----------------	-------------	--------------

Candidate Mailing Address

Street Address or PO Box 901 BRUTSCHER ST. PMB 166	City NEWBERG	State OR	Zip 97132
---	-----------------	-------------	--------------

Contact Information: Only one phone number is required.

Work Phone 971-246-8063	Home Phone	Cell Phone	Fax
----------------------------	------------	------------	-----

Email Address YATESFORCONGRESS@GMAIL.COM	Web Site, if applicable WWW.YATESFORCONGRESS.COM
---	---

Office Information

Filing for Office of: UNITED STATES HOUSE OF REPS.	District, Position or County: OREGON DISTRICT
---	--

Multiple Nomination Information See 2014 Candidates Manual for default order

List other nominations to be printed on ballot. REPUBLICAN

Other nominations should be printed in what order?  Default  Specified:

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

SERVICE MANAGER FOR BUG BUSTERS PEST CONTROL

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

WAREHOUSE MANAGER, TREASURY CLERK, STAFF ACCOUNTANT,  
CREDIT AND COLLECTIONS MANAGER

RECEIVED  
AUG 25 PM 12 22  
KATE BROWN  
SECRETARY OF THE STATE

JASON YATES

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
PORTLAND STATE UNIVERSITY	—	BACHELORS DEG.	FILM STUDIES
SANTA BARBARA COMM. COLLEGE	—	ASSOCIATES DEG.	ENGLISH
GEORGIA HIGHLANDS COLLEGE	FRESHMAN	—	POLITICAL SCIENCE
HOME SCHOOL	12 <sup>TH</sup>	DIPLOMA	GENERAL

Educational Background (other) Attach a separate sheet if necessary.  
 NONE

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.  
~~APPOINTED~~ APPOINTED PCP FOR YAMHILL CO. GOP., 2<sup>ND</sup> ALTERNATE DELEGATE FOR YAMHILL CO. GOP.

Candidate Nomination Certificate  
 I swear the statements on this certificate and any related documents are true.  
 Name of Minor Political Party LIBERTARIAN  
 Signature of Officer of Minor Political Party *[Signature]* Date Signed 8/24/14  
 Printed Name of Officer of Minor Political Party TIMOTHY REEVES

State of OREGON, County of Washington  
 Signed before me on <sup>at 9/14</sup> August 24, 2014 by TIMOTHY REEVES

*[Signature]*  
 Judge or Notary Public – State of Oregon

OFFICIAL SEAL  
 BLAKE T PORTER  
 NOTARY PUBLIC-OREGON  
 COMMISSION NO. 477930  
 MY COMMISSION EXPIRES APRIL 30, 2017

Campaign Finance Information (not applicable to candidates for federal office) N/A - 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 accept the nomination for the office indicated above  
 I will qualify for said office if elected and  
 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 or at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

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 2014 AUG 25 PM 12 22  
 KATE BROWN  
 SECRETARY OF THE STATE

08/23/2014 Date Signed

*[Signature]*  
 Candidate's Signature  
 For Office Use Only Initials \_\_\_\_\_

**Candidate Filing**  
Minor Political Party

KIM THATCHER

**SEL 110**  
rev 01/14  
ORS 249.720

2014 General Election Filing Dates		
Candidate Filing	Voter Paraphlet Filing Filed electronically using ORESTAR	Nomination Withdrawal
June 4, 2014 to August 26, 2014	July 7 2014 to August 26, 2014	August 29, 2014

All information must be completed or the form will be rejected.

This filing is an  Original  Amendment

Filing Officer  
 Secretary of State  County Elections Official  City Recorder (Auditor)

**Candidate Information**

Name of Candidate				
First	MI	Last	Suffix	Title
KIM		THATCHER		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
KIM		THATCHER	

**Candidate Residence/Route Address**

Street Address	City	State	Zip
1724 CHEMAWA RD. NE	KEIZER	OR	97303

**Candidate Mailing Address**

Street Address or PO Box	City	State	Zip
P.O. BOX 9111	SALEM	OR	97305

**Contact Information: Only one phone number is required.**

Work Phone	Home Phone	Cell Phone	Fax
503-986-1425			

Email Address	Web Site, if applicable
KIM@KIMTHATCHER.COM	WWW.KIMTHATCHER.COM

**Office Information**

Filing for Office of:	District, Position or County:
OREGON STATE SENATE	DISTRICT 13

**Multiple Nomination Information** See 2014 Candidates Manual for default order

List other nominations to be printed on ballot. REPUBLICAN

Other nominations should be printed in what order?  Default  Specified:

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

OWNER / PRESIDENT, HEAVY HIGHWAY AND SPECIALTY CONTRACTING COMPANY AND DIST. 25 STATE REPRESENTATIVE

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

HOMEMAKER, BANK TELLER, RETAIL SALES, COMPUTER TECH, SOFTWARE DEV, BUSINESS ACCOUNTING, CONSTRUCTION LABORER, EQUIPMENT OPERATOR, MORE.

RECEIVED  
 2014 AUG 25 PM 12 23  
 KATE BROWN  
 SECRETARY OF THE STATE

KIM TWITCHER

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
PORTLAND STATE UNIVERSITY			GENERAL
BRIGHAM YOUNG UNIVERSITY			GENERAL
OREGON CITY HIGH SCHOOL	12	DIPLOMA	GENERAL

Educational Background (other) Attach a separate sheet if necessary.  
 NUMEROUS CERTIFICATIONS AND EXPERIENCE IN CONSTRUCTION SKILLS, PRIVATE PILOT

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.  
 STATE REPRESENTATIVE, OREGON COMMISSION FOR WOMEN, ELECTRONIC PORTAL ADVISORY BOARD, OREGON TRANSPARENCY COMMISSION

**Candidate Nomination Certificate**  
 I swear the statements on this certificate and any related documents are true.

Name of Minor Political Party LIBERTARIAN PARTY

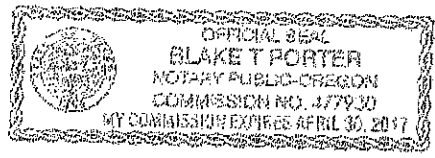
Signature of Officer of Minor Political Party [Signature] Date Signed 8/24/14

Printed Name of Officer of Minor Political Party TIMOTHY REEVES

State of OREGON, County of Washington

Signed before me on August 24, 2014 by TIMOTHY REEVES

[Signature]  
 Judge or Notary Public -- State of Oregon



**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 (SEI.220).

By signing this document, I hereby state that:

- I will accept the nomination for the office indicated above
- I will qualify for said office if elected and
- 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 or at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

[Signature]

RECEIVED  
 2014 AUG 25 PM 12 28  
 KATE BROWN  
 SECRETARY OF THE STATE

Candidate's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

For Office Use Only Initials \_\_\_\_\_

**Candidate Filing**  
Minor Political Party

**SEL 110**  
REV 01/14  
ORS 269.720

BUCHAL

2014 General Election Filing Dates		
Candidate Filing	Voter Pamphlet Filing Filed electronically using ORESTAR	Nomination Withdrawal
June 4, 2014 to August 26, 2014	July 7 2014 to August 26, 2014	August 29, 2014

All information must be completed or the form will be rejected.

This filing is an  Original  Amendment

**Filing Officer**

Secretary of State  County Elections Official  City Recorder (Auditor)

**Candidate Information**

**Name of Candidate**

First	MI	Last	Suffix	Title
JAMES	L	BUCHAL		

**How you would like your name to appear on the ballot**

First	MI	Last	Suffix
JAMES		BUCHAL	

**Candidate Residence/Home Address**

Street Address	City	State	Zip
2213 SE MAIN ST., APT. 3	PORTLAND	OR	97214

**Candidate Mailing Address**

Street Address or P.O. Box	City	State	Zip
3425 SE YAMHILL ST., SUITE 100	PORTLAND	OR	97214

**Contact Information: Only one phone number is required.**

Work Phone	Home Phone	Cell Phone	Fax
503-227-1011		503-314-6597	503-227-1011

Email Address	Web Site, if applicable
BUCHAL.JAMES@GMAIL.COM	WWW.BUCHAL.COM

**Office Information**

Filing for Office of:	District, Position or County:
U.S. HOUSE OF REPRESENTATIVES	OREGON, DIST. 3

**Multiple Nomination Information see 2014 Candidates Manual for default order**

List other nominations to be printed on ballot. **REPUBLICAN**  
Other nominations should be printed in what order?  Default  Specified

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

ATTORNEY, MURPHY & BUCHAL LLP

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

PRIVATE PRACTICE SINCE 1985

RECEIVED  
 2014 AUG 25 PM 12 18  
 KATE BROWN  
 SECRETARY OF THE STATE  
 SEL 110

Continued on the reverse side of this form

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
HARVARD UNIVERSITY		ASSOCIATES DEGREE	A.B.
YALE UNIVERSITY		MASTERS DEGREE	MBA
YALE UNIVERSITY		DOCTORAL DEGREE	J.D.

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.

NONE

Candidate Nomination Certificate

I swear the statements on this certificate and any related documents are true.

Name of Minor Political Party **LIBERTARIAN**

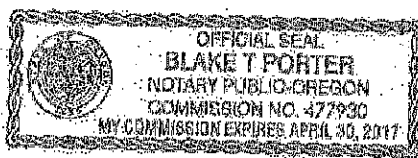
Signature of Officer of Minor Political Party *[Signature]* Date Signed **8/24/14**

Printed Name of Officer of Minor Political Party **TIMOTHY REEVES**

State of OREGON, County of **Washington**

Signed before me on **August 24**, 20 **14** by **TIMOTHY REEVES**

Judge or Notary Public - State of Oregon



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

Candidate Committee **NA - FED. OFFICE**

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 accept the nomination for the office indicated above.
- I will qualify for said office if elected and
- 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 or at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

Candidate's Signature *[Signature]*

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# Candidate Filing

Minor Political Party

SEL 110

rev 01/14  
ORS 249.720

2014 General Election Filing Dates		
Candidate Filing	Voter Pamphlet Filing Filed electronically using ORESTAR	Nomination Withdrawal
June 4, 2014 to August 26, 2014	July 7 2014 to August 26, 2014	August 29, 2014

**5** All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Filing Officer

Secretary of State

County Elections Official

City Recorder (Auditor)

### Candidate Information

Name of Candidate

First

TIM

MI

Last

REEVES

Suffix

Title

How you would like your name to appear on the ballot

First

TIM

MI

Last

REEVES

Suffix

### Candidate Residence/Route Address

Street Address

4278 NE AZALEA ST.

City

HILLSBORO

State

OR

Zip

97124

### Candidate Mailing Address

Street Address or PO Box

4278 NE AZALEA ST.

City

HILLSBORO

State

OR

Zip

97124

Contact Information: Only one phone number is required.

Work Phone

Home Phone

503-621-4932

Cell Phone

503-307-1624

Fax

Email Address

TIMOTHY.REEVES@TEMMAMENDMENTCENTER.COM

Web Site, if applicable

N/A

### Office Information

Filing for Office of:

OREGON HOUSE OF REPRESENTATIVES

District, Position or County:

DISTRICT 15

Multiple Nomination Information See 2014 Candidates Manual for default order

List other nominations to be printed on ballot.

NONE

Other nominations should be printed in what order?

Default

Specified:

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

ENGINEER

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

ELEVEN YEAR VETERAN, U.S. NAVY, PETTY OFFICER FIRST CLASS

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TIM REEVES

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
U.S. NAVY NUCLEAR POWER SCHOOL ORLANDO, FL	—	CERTIFICATE	NUCLEAR ENG. TECH
KIMBALL H.S., ROYAL OAK, MI	12	DIPLOMA	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.

NONE

Candidate Nomination Certificate

I swear the statements on this certificate and any related documents are true.

Name of Minor Political Party LIBERTARIAN

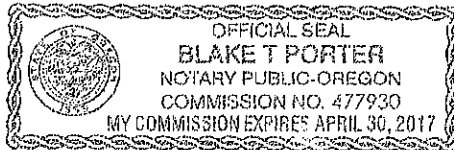
Signature of Officer of Minor Political Party [Signature]

Date Signed 8/24/14

Printed Name of Officer of Minor Political Party TIMOTHY REEVES

State of OREGON, County of Washington

Signed before me on August 24, 2014 by TIMOTHY REEVES



Judge or Notary Public - State of Oregon

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 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.
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Candidate's Signature [Signature]

8/24/14  
Date Signed

For Office Use Only Initials \_\_\_\_\_

REEVES

KATE BROWN

Candidate Filing  
Minor Political Party

TIM REEVES

SEL 110

rev 01/14  
ORS 249.720

REEVES

2014 General Election Filing Dates		
Candidate Filing June 4, 2014 to August 26, 2014	Voter Pamphlet Filing Filed electronically using ORESTAR July 7 2014 to August 26, 2014	Nomination Withdrawal August 29, 2014

All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Filing Officer

Secretary of State

County Elections Official

City Recorder (Auditor)

Candidate Information

Name of Candidate				
First TIM	MI	Last REEVES	Suffix	Title

How you would like your name to appear on the ballot				
First TIM	MI	Last REEVES	Suffix	

Candidate Residence/Route Address			
Street Address 4278 NE AZALEA ST.	City HILLSBORO	State OR	Zip 97124

Candidate Mailing Address			
Street Address or PO Box 4278 NE AZALEA ST.	City HILLSBORO	State OR	Zip 97124

Contact Information: Only one phone number is required.			
Work Phone	Home Phone 503-621-4932	Cell Phone 503-307-1624	Fax
Email Address		Web Site, if applicable	

Office Information	
Filing for Office of: OREGON HOUSE OF REPRESENTATIVES	District, Position or County: DISTRICT 15
Multiple Nomination Information See 2014 Candidates Manual for default order	
List other nominations to be printed on ballot. NONE	
Other nominations should be printed in what order? <input type="checkbox"/> Default <input type="checkbox"/> Specified:	

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

Occupational Background (previous employment) If no relevant experience, None or NA must be entered. ELEVEN YEAR VETERAN, U.S. NAVY, PETTY OFFICER FIRST CLASS
---

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TIM REEVES

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
U.S. NAVY NUCLEAR POWER SCHOOL ORLANDO, FL	—	CERTIFICATE	NUCLEAR ENG. TECH.
KIMBALL H.S., ROYAL OAK, MI	12	DIPLOMA	GENERAL

Educational Background (other) Attach a separate sheet if necessary.

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Name of Minor Political Party LIBERTARIAN

Signature of Officer of Minor Political Party *[Signature]*

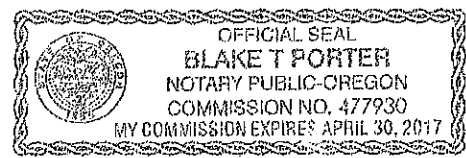
Date Signed 8/24/14

Printed Name of Officer of Minor Political Party TIMOTHY REEVES

State of OREGON, County of Washington

Signed before me on August 24, 2014 by TIMOTHY REEVES

*[Signature]*



Judge or Notary Public - State of Oregon

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*[Signature]*  
Candidate's Signature

8/24/14  
Date Signed

For Office Use Only Initials \_\_\_\_\_