

KELLSTROM FOR RE-ELECTION 2009

RE-ELECT TODD KELLSTROM MAYOR

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

CELL PHONE: _____

E-MAIL: _____

OCCUPATION: _____

PLEASE MAKE ALL CHECKS OR MONEY ORDERS OUT TO:

TODD KELLSTROM

SEND ALL CONTRIBUTIONS TO:

**TODD KELLSTROM
548 CONGER AVE.
KLAMATH FALLS, OR 97601**