

District Candidate Filing

FEB 22 2013  
~~FEB 21 2013~~

10.00  
10.00  
10.00

SEL 190  
rev 1/12; ORS 255.235

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

Candidate Information

Candidate Legal Name\* LARITA D. ONGMAN Candidate Name (As it should appear on ballot)\* Larita D. Ongman

Filing for Office of\* director Basin Ambulance District and/or position (if applicable)\* director Basin Ambulance

Residence Address, Street/Route\* 14424 Falvey Road

City\* Merrill State\* OR Zip\* 97633 County of Residence\* Klamath

Home Phone 541-798-5249 Work Phone 541-798-5723 Cell Phone Fax

Email Address\* Date of Election\* 5/21/13

Mailing Address (where all correspondence will be sent) Street/Route\* P.O. Box "E"

City\* Merrill State\* OR Zip\* 97633

\* 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) Principal for Klamath County School District

Occupational Background previous employment - paid or unpaid (required)  
Klamath County School District 30+ years paid

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  
5 years Masters Degree of Education - Southern Oregon University

Other:

ask the... oriented



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

Prior Governmental Experience elected or appointed (required)

currently board member of Basin Ambulance

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.
- 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 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)

*Lorita Ongman*  
Candidate's Signature

5.20.13  
Date Signed

For Office Use Only

*LO*  
Initials

cash  
Cash, Check Number, or credit card approval #

69135  
Receipt #

**District Candidate Filing**

**SEL 190**

rev. 1/12 ORS 258 236

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**Candidate Information**

Candidate Legal Name*		Candidate Name (As it should appear on ballot)*	
Michael John McKeen		Michael McKeen	
Filing for Office of*		District and/or position (if applicable)*	
Director		Basin Ambulance Service District	
Residence Address, Street/Route*			
22922 South Merrill Road			
City*	State*	Zip*	County of Residence*
Merrill	OR	97633	Klamath
Home Phone	Work Phone	Cell Phone	Fax
541 798 5975		541 205 1191	
Email Address*		Date of Election*	
MjMcKeen@Centurylink.net		May 2013	
Mailing Address (where all correspondence will be sent) Street/Route*			
PO Box 343			
City*	State*	Zip*	
Merrill	OR	97633	

\* 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)  
 Self employed Farmer - Paid when we have Irrigation Water

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 Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Oregon State University		BS	

Other:

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

or Governmental Experience elected or appointed (required)

Name

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*Milgram*  
Candidate's Signature

*2/19/13*  
Date Signed

For Office Use Only

*BM*  
Initials

*cash*  
Cash, Check Number, or credit card approval #

*6914*  
Receipt #

MAR 08 2013

District Candidate Filing

SEL 190

rev 1/12 ORS 255.235

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Candidate Information			
Candidate Legal Name* ROGER G. TAYLOR		Candidate Name (As it should appear on ballot)* ROGER G. TAYLOR	
Filing for Office of* DIRECTOR		District and/or position (if applicable)* BASIN AMBULANCE SERVICE DIST	
Residence Address, Street/Route* 24265 SUTY RD			
City* MALIN	State* OR	Zip* 97632	County of Residence* KLAMATH
Home Phone 541 723-2240	Work Phone	Cell Phone	Fax
Email Address*		Date of Election* 05-21-2013	
Mailing Address (where all correspondence will be sent) Street/Route* 24265 SUTY RD			
City* MALIN	State* OR	Zip* 97632	

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

Filing Information
<input checked="" type="radio"/> Filing with the required \$10.00 fee.
<input type="radio"/> Filing by petition with the required signature sheets.

Required Information (if no relevant information, list "None")
Occupation present employment – paid or unpaid (required) PRESIDENT BIGFOOT FARMS INC
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 Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
WALLA WALLA UNIVERSITY		BA, BS.	

Other:

(continued)

SEL 190

Required Information (if no relevant information, fill "none" or "N/A")

Prior Governmental Experience elected or appointed (required)

DIRECTOR BASIN AMBULANCE SERVICE DISTRICT

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Candidate's Signature

March 08, 2013

Date Signed