

**Candidate Filing
District**

FEB 13 2015

SEL 190

rev 01/14
ORS 255.235

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

This filing is an

Original

Amendment

Candidate Information

Name of Candidate

First Ruth	MI M	Last Johnson	Suffix	Title
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How you would like your name to appear on the ballot

First Ruth	MI M	Last Johnson	Suffix
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Candidate Residence/Route Address

Street Address 23150 South Merrill Road	City Merrill	State OR	Zip 97633
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Candidate Mailing Address

Street Address or PO Box P.O. Box 761	City Merrill	State OR	Zip 97633
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Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone 541-591-0920	Fax
Email Address rruthjjohnson@hotmail.com		Web Site, if applicable	

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Director, Basin Volunteer Ambulance

District, Position or County: Klamath

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

Firefighter, Volunteer EMT

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

Firefighter, Volunteer EMT

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
Central Oregon Community College	14	A.S.	Forestry

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.

Director, Basin Volunteer Ambulance

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 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)

Candidate's Signature

2-5-15

Date Signed

For Office Use Only Initials

CC Approval Code/Receipt Number

94236

MAR 06 2015

SEL 190

REGISTRATION

rev 01/14
ORS 255.235

Candidate Filing
District

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Original

Amendment

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Thomas	D	Ongman		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Tom	D	Ongman	

Candidate Residence/Route Address

Street Address	City	State	Zip
14424 Felvey Rd	Merrill	OR	97632

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
P.O. Box E	Merrill	OR	97632

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-798-5911	541-798-5249		

Email Address	Web Site, if applicable

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Office Information

Filing for Office of: Board Member - Basin Ambulance

District, Position or County:

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

Owner - Merrill Lumber Co.

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

36 years at Merrill Lumber

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
Henley High School	12	Diplome	Gener/
Southern Oregon College	4 yrs - Senior		Bus. Admin

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.

Merrill Park Board
Merrill Fire Board
Basin Ambulance Board
Klemath County Ambulance
Advisory - Chairman

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

Candidate Committee

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Jan Dingma
Candidate's Signature

3/6/15
Date Signed