

# Filing of Candidacy for Special District Nomination

**SEL 190**

rev 01/10: ORS 255.235

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**FEB 16 2011**

<b>Candidate Name</b> Thomas Dale Ongman		<b>Filing for Office of</b> Director - Basin Ambulance	
<b>How Name Should Appear on Ballot</b> ✓ Tom Ongman		<b>District, Position or Zone Number if applicable</b> Basin Ambulance	
<b>Residence Address, Street/Route</b> 14424 Falvey Rd			
<b>City</b> Merrill	<b>State</b> OR	<b>Zip Code</b> 97633	<b>County of Residence</b> Klamath
<b>Home Phone</b> 541-798-5249	<b>Work Phone</b> 541-798-5911	<b>Cellular Phone</b>	
<b>Fax</b>	<b>Email Address</b>	<b>Date of Election</b> May 17, 2011	
<b>Mailing Address where all correspondence will be sent, Street/Route</b> P.O. Box E			
<b>City</b> Merrill	<b>State</b> OR	<b>Zip Code</b> 97633	
<input type="radio"/> Filing of candidacy by declaration, with the required \$10.00 fee.			
<input type="radio"/> Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.			
<b>Occupation present employment - (paid) or unpaid</b> Owner - Merrill Lumber Co			
<b>Occupational Background previous employment - paid or unpaid</b>			
<b>Educational Background schools attended, use attachment if needed</b>			
<b>Complete Name of School no acronyms</b>	<b>Last Grade Level Completed</b>	<b>Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)</b>	<b>Course of Study optional</b>
Southern Oregon College	4 yrs		Bus. Admin
<b>Other:</b>			

**Prior Governmental Experience elected or appointed**

Board of Directors - Basin Ambulance  
Board of Directors - Merrill Park District  
Board of Directors - Merrill Rural Fire Dist  
Current chairman Klemath County Ambulance Advisory

**By signing this document, I hereby state:**

- that I will qualify for said office if elected
- that 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:**

- By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the *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 *Campaign Finance Manual*.

*Tom Dwyer*

Candidate's Signature

1/13/11

Date Signed

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*JK*

*Cash Receipt # 48679*

