

# Joint County Voters' Pamphlet Candidate Statement

**Important!** Read all instructions before completing this form.

Use this form when filing a "JCVP-01 Candidate Statement for County Voters' Pamphlet" with your County Elections office. Please note that each county produces a separate County Voters' Pamphlet. If the jurisdiction or district is located in more than one county, a separate JCVP-01 form must be filed and the fee paid to each county where the statement is to be printed.

### Filing Information

Election:  Primary \_\_\_\_\_  General \_\_\_\_\_  Special district  
 Original Statement  Amended Statement

Name of Candidate (as it should appear on the ballot):

**Michael McKeel**

Filing for the Office of (complete what's applicable):

District: **Fire District 10** Position: **2** Zone #: \_\_\_\_\_

"This information furnished by" (Required: Name of Candidate or Committee as it should appear in the Voters' Pamphlet):

**Michael McKeel**

### Contact Information:

Phone: Cell: 503-799-3841 Work: 503-665-8888 Home: 503-799-3841

E-mail: gramckeel@hotmail.com

**Warning:** Any person who supplies information in the 'Required' portion of a Voters' Pamphlet statement, knowing it to be false, is subject upon conviction of a Class C felony, to imprisonment for up to five years or to a fine of \$125,000, or both. ORS 260.715 (1); 260.993 (2); 161.605; and 161.625.

**Note:** Language which violates any provision of ORS 251.415 will be excluded from the Voters' Pamphlet

By signing this document, I hereby state:

- That all information provided by me on this form and in this Statement is true to the best of my knowledge;
- I am the author of this Statement [ORS 251.415; 251.415(2)];
- I have read and understand the instructions for submitting this 'Candidate Statement'; and
- The portrait, if provided, is less than four (4) years old.

Signature of Candidate or Agent on behalf of Candidate

RECEIVED  
19 MAR 25 PM 4:57  
TIM SCOTT  
DIRECTOR OF ELECTIONS  
3-23-19

Date Signed

(If applicable) Printed name of Agent

Phone number

### For Office Use Only:

County: Mult Co  
Cash-receipt #: 24287  
Check #: 22639  
Amount \$: 25.00

Required Info?  Yes  No  
Signed?  Yes  No  
Endorsements?  Yes # \_\_\_\_\_  No  
Portrait?  Print? # No  
 Providing digital copy  Yes  No  
 Received digital copy?  Yes  No  
 None

Intake Staff Initials: SJ  
Word Count (325 max): 138  
Providing digital copy?  Yes  No  
Received digital copy?  Yes  No  
Review Staff Initials:

## **Occupation:**

Dentist  
Real Estate Development and Restoration

## **Occupational Background:**

Past Chairman and Director, MODA Health Inc.

## **Educational Background:**

Gresham High School

University of Oregon BS

Portland State University BS

Oregon Health and Sciences University DMD

## **Prior Governmental Experience:**

Gresham Barlow School Board, Director and Chairman

City of Gresham, Design Review Commission, Commissioner

Multnomah County Fire District 10, Director and Chairman

## **Optional Information:**

I have been a member of the board of directors for many years. During that time our board has successfully partnered with the City of Gresham and the City of Portland to provide 24 hour professional fire and emergency services to our district. We have managed our tax revenue to provide stability far into the future and in doing so have built a state of the art Fire Station 76 and purchased all new fire and emergency vehicles within our existing budget.