Candidate Filing

District					· · - · - · - · · · · · · · · · · · · ·		ORS 255.235
3 All information must	be complete	d or the form	will be reject	ed.			
This filing is an		Original					
Candidate Information							
Name of Candidate							
First		МІ	Last			Suffix	Title
Michael		L	McKe	el	I		1
How you would like your	name to app	ear on the bal	lot				
First		МІ	Last		1	Suffix	
Michael		1	McKe	eel	I	Julia	
Candidate Residence/Ro	ute Address						
Street Address				City		State	Zip
4350 SE Oxbow Pa	rkway			Gresham	'	OR	97080
Candidate Malling Addre	ss		·· ·				
Street Address or PO Box				City		State	Zip
1							
Contact Information: Onl		<u>-</u>	ııred.	.			
Work Phone Home Phone				Cell Phone	Fax		
503 665 8888 503 663 3829			503 799 3841	503	503 666 0529		
Email Address				Web Site, if applicable			
gramckeel@hotmail	.com						
Filing Information							
Filing with the require	d \$10.00 fee					DIREC	
Prospective Petition							<u>ড</u>
Office Information						TIM SCO	AR PE
Filing for Office of: Direc	tor Positio	n 2				100 J	7 (F)
District, Position or Count	_{y:} Multnom	ah County	Rural Fire	Protection District 1	io į	74 3	? ₹
Occupation (present emp			erience, Non	e or NA must be entered.	Sign		ED
Dentist, Michael L M		D			C.	_	
Director, MODA Hea		•					
Managing Partner, C	DXDOW LLC						
Occupational Background							· · · · · · · · · · · · · · · · · · ·
Dentist, Health Insur Contractor, Laborer			ctor (MOD	A), GHA Developme	ent Corporati	on, Lan	ıascape
Community, Edboron	. 10,110100						

Complete name of School (no acronyms) Gresham schools	Last Grade completed	Diploma/Degree/Certificate	Course of Study
	12	High School Diploma	
Portland State University		BS	Pre Med
Oregon Health and Sciences Univ.		DMD	Dentistry
ducational Background (other) Attach a separa		1	<u> </u>

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

Gresham Barlow School Board, OSAA Eligibility Appeals Board, City of Gresham Design Commission, City of Gresham City Hall Construction Task Force, Fire District 10 Director.

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

Date Signed

CC Approval Code/Receipt Number 205