District Candidate Filing

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

Candidate Information

Candidate Legal Name*:
AILAN B COEAND

Candidate Name (As it should appear on ballot)*:
AILAN B COEAND

Filing for Office of*:
MERRILL FIRE PROTECTION DIST BOARD OF DIRECTORS

District and/or position (if applicable)*:

Residence Address, Street/Route*:
20180 MERRILL RD

City*:
KIAMATH FALLS

State*:
OR

Zip*:
97603

County of Residence*:
KIAMATH

Home Phone:
541 798 5977

Work Phone:
MA

Cell Phone:
541 591 0277

Fax:

Email Address*:

Date of Election*:
MAY 21, 2013

Mailing Address (where all correspondence will be sent) Street/Route*:
20180 MERRILL RD

City*:
KIAMATH FALLS

State*:
OR

Zip*:
97603

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

Filing Information

X Filing with the required $10.00 fee.

O Filing by petition with the required signature sheets.

Required Information (if no relevant information, list "none")

Occupation present employment – paid or unpaid (required)
Retired farmer and FARMER

Occupational Background previous employment – paid or unpaid (required)
US FOREST SERVICE
ARMY NATIONAL GUARD
FARMER

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

Educational Background (continued)

Other:

(continued)
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 15,000 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)

Candidate's Signature: Alley B. Coster  
Date Signed: 3-19-13
District Candidate Filing

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Candidate Information

Candidate Legal Name* Thomas Dale Ongman
Candidate Name (As it should appear on ballot)* Tom Ongman
Filing for Office of* Director - Merrill Rural Fire Dist. Pos. #2

Residence Address, Street/Route*
14424 Falvey Rd
City* Merrill
State* OR
Zip* 97633
County of Residence* Klamath

Home Phone 798-5249
Work Phone 798-5911
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.

O Filing by petition with the required signature sheets.

Required Information (if no relevant information, list "none")

Occupation present employment – paid or unpaid (required)
Owner-Merrill Lumber Co Paid

Occupational Background previous employment – paid or unpaid (required)
Merrill Lumber 1976 - Current

Education Background schools attended, use attachment if needed (required)
Complete Name of School (no acronyms) Henley High School
Last Grade Level Completed 12
Diploma/Degree/Certificate Southern Oregon College
Course of Study Business Admin
Course of Study optional

Other:

(continued)
Prior Governmental Experience (elected or appointed (required))

Merrill Park District - director
Basin Ambulance - director
Merrill Fire Dept. - director
Klamath County Ambulance Advisory Committee Chairman
District Candidate Filing

FEB 22 2013

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Candidate Information

Candidate Legal Name* RODNEY S GREEN

Candidate Name (As it should appear on ballot)* RODNEY GREEN

Filing for Office of* MERRILL RURAL FIRE PROTECTION DIST DIRECTOR

District and/or position (if applicable)* (3)

Residence Address, Street/Route* 19848 DODDS HOLLOW RD

City* MERRILL State* OR Zip* 97633 County of Residence* KLAMATH

Home Phone 541-798-1645 Work Phone 541-798-5161 Cell Phone Fax

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

Mailing Address (where all correspondence will be sent) Street/Route* PO Box 796 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)

SELF EMPLOYED PAID

Occupational Background previous employment – paid or unpaid (required)

SELF EMPLOYED - R & J AUTO REPAIR PAID

Educational Background schools attended, use attachment if needed (required)

Complete Name of School (no acronyms) ARIZONA AUTOMOTIVE INSTITUTE

Last Grade Level Completed 12

Diploma/Degree/Certificate Diploma Auto Repair

Course of Study optional

Course of Study

Other:

(handler)
Required Information (if no relevant information, list "none" or "n/a")
Prior Governmental Experience elected or appointed (required)

MERRILL PARK DISTRICT - ELECTED
MERRILL RURAL FIRE DISTRICT - ELECTED

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
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 Candidate's Signature: [Signature]
 Date Signed: 2-20-13

For Office Use Only
Initials: [Initials]
Cash, Check Number, or credit card approval #: [Number]
Receipt #: [Number]