

Candidate Filing

SEL 190

rev 03/19
ORS 255.235

District

i This form must be filed with county elections official. All information must be completed or the form will be rejected.

This filing is an Original Amendment

Office Information

Filing for Office of: Basin Ambulanc Service Board Member

District, Position or County: Klamath County

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Bonnie	K	Overcash		

How you would like your name to appear on the ballot

Bonnie Overcash (Walling)

Candidate Residence/Route Address

Street Address	City	State	Zip
20206 Harpold Rd	Malin	Or	97632

Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box	City	State	Zip
PO BOX 483	Merrill	Or	97633

Work Phone	Home Phone	Cell Phone	Fax
541-884-1776	541-798-5294	541-892-4044	

Email Address	Web Site, if applicable
Bonniekw@yahoo.com	

Occupation (present employment) If not employed, enter "Not Employed".

Volunteer EMT Basin Ambulance Service
Work First Casualty Company

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

Seven years as Oregon EMT
Served as Community Outreach Rep for Habitat for Humanity in Florida- 3 years
Klamath County Ambulance Advisory Board Member 2018-Present
Twenty plus years experience in hospital and prehospital medical care

Continued on the reverse side of this form

SEL 190

Educational Background (schools attended)			
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Klamath Community College	Certificate		EMT
Clatsop Community College		Associates	Emergency Medicine
Lost River High School	12th	Diploma	general
Educational Background (other) Attach a separate sheet if necessary.			
Associates Degree in Emergency Medicine			

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

Current member of Klamath County Ambulance Advisory Board
Basin Ambulance Board Member Interim 2017

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)

Bonnie K. Overcash
Candidate's Signature

March 15, 2019
Date Signed

For Office Use Only Initials _____

Candidate Filing

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District

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ORS 255.235

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Original

Amendment

Office Information

Filing for Office of: **Director-Basin Ambulance**

District, Position or County:

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Thomas (Tom)	D	Ongmen		director

How you would like your name to appear on the ballot

Tom Ongmen

Candidate Residence/Route Address

Street Address	City	State	Zip
14424 Falvey Rd	Merrill	OR	97633

Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box	City	State	Zip
P.O. Box E	Merrill	OR	97633

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

Email Address	Web Site, if applicable

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

Owner-Merrill Lumber C

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

**Owner-Merrill Lumber
1976-Current**

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
Henry High School	4 yrs	diploma	
Southern Oregon College	4 yrs		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	Klamath County Ambulance Advisory
Merrill Fire Board	member + Chairman
Basin Ambulance Board	

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

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Jan Ringme
Candidate's Signature

2/14/19

Date Signed

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SEL 190

District

rev 01/16
ORS 255.235

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Original

Amendment

Office Information

Filing for Office of: **BOARD MEMBER**

District, Position or County: **BASIN AMBULANCE SERVICE**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
JAMES	L	DERRA		

How you would like your name to appear on the ballot

JIM DERRA

Candidate Residence/Route Address

Street Address	City	State	Zip
22001 PAYGR RD	MALIN	OR	97632

Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box	City	State	Zip
P.O. Box 43	MALIN	OR	97632

Work Phone	Home Phone	Cell Phone	Fax
	541-723-3024	541-891-1026	

Email Address	Web Site, if applicable
jimderra@gmail.com	

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

N/A

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

RETIRED FIREFIGHTER / 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
N/A			

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.

BOARD MEMBER BASIN AMBULANCE

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

Candidate Committee

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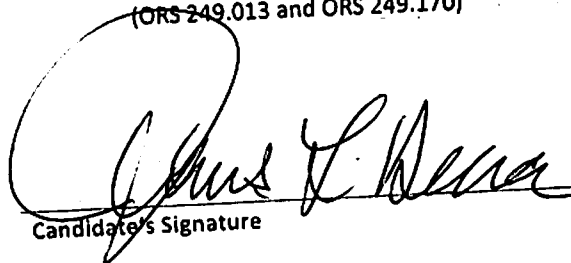
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Candidate's Signature

1-23-19
Date Signed

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