

MULTNOMAH COUNTY

CANDIDATE'S STATEMENT FOR COUNTY VOTERS' PAMPHLET

ELECTION DATE: <u>May 15, 2007</u>	<input type="checkbox"/> Original Statement <input type="checkbox"/> Amended Statement
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Name of Candidate (as it will appear on ballot) <u>Mike McKeel</u>	Address <u>4350 SE Oxbow Pkwy., Gresham, OR 97080</u>
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Telephone (home) <u>(503) 663-3829</u>	Telephone (work) <u>(503) 665-8888</u>	E-Mail <u>gramckeel@hotmail.com</u>
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Filing for: Office of Director, Rural Fire Protection District #10
 Name of County/City/District Multnomah County Rural Fire Protection District #10
 Number of Position/Zone if applicable Position 2

This information furnished by (Name of Candidate or Committee as it should appear in voters' pamphlet)

Attached to be included in the Candidate's Statement for the candidate listed above:

Required information (see Page 3)

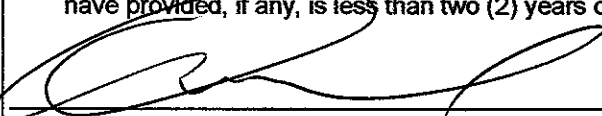
- Occupation (present employment paid or unpaid), or the word "None"
- Occupational Background (previous employment paid or unpaid), or the word "None"
- Educational Background, or the word "None"
- Prior Governmental Experience (elected or appointed), or the word "None"

Optional Information (see Page 4)

- Statement(s) of Endorsement, if applicable (number filed: _____)
- Photograph

NOTE: Language which violates any provision of ORS 251.415 will be excluded from the voters' pamphlet.

By signing this document, I hereby state:
 All information provided by me on this form (MCED 009) is true to the best of my knowledge and the photograph I have provided, if any, is less than two (2) years old.



 Signature of Candidate or Agent on behalf of Candidate

3-14-07

 Date Signed

Phone Number of Agent (if applicable)

WARNING: Supplying false information on this form may result in conviction of a felony with a fine up to \$100,000 and/or prison up to five years. ORS 260.715 (1); 260.993 (2); 161.605; and 161.625.

FOR OFFICE USE ONLY		
Staff Initials <u>MS</u>	Photograph: <input type="checkbox"/> Submitted	Statement(s) of Endorsement:
Cash or Check Number <u>15112</u>	<input checked="" type="checkbox"/> Not Submitted	<input type="checkbox"/> Yes # _____
Receipt Number <u>21804</u>		<input type="checkbox"/> No
Word / Number Count Total <u>28</u>		

NAME OF CANDIDATE:

MCED 009 (1/07)

REQUIRED INFORMATION

(Maximum 325 words/numbers for Required & Optional Information excluding headings already printed.)

Occupation: (Present Employment – Paid or Unpaid)

Dentist; Developer

Occupational Background: (Previous Employment – Paid or Unpaid)

none

Educational Background (Schools attended; last grade completed; degrees, if any.)

Portland State University, BS Biology; Oregon Health Sciences University, DMD

Prior Governmental Experience: (Elected or Appointed)

Gresham Barlow School District Director, 1981-2001; Rural Fire Protection District #10 Director, 2002-Present

NAME OF CANDIDATE:

MCED 009 (1/07)

OPTIONAL INFORMATION

REQUIRED AND OPTIONAL INFORMATION WORD/NUMBER COUNT TOTAL (325 word/number limit) 28