

LIBRARY DISTRICTS

Candidate Filing
District

MAR 20 2025

2025-70

SEL 190

rev 02/25
ORS 255.235

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

2025 District Election Filing Dates

Candidate Filing February 8, 2025 to March 20, 2025

Withdrawal Date March 20, 2025

This filing is an

Original

Amendment

Office Information

Filing for Office of: OTLD

District, Position or County: Position 3

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

MI

Last

Stephanie

K

Case

How you would like your name to appear on the ballot

Stephanie Case

Candidate Residence/Route Address

Street Address

1390 SE Riverview Ave

City

Irrigon

State

OR

Zip

97844

Candidate Mailing Address and Contact Information Do not use an address that has been exempt from disclosure.

Street Address or PO Box

1390 SE Riverview Ave

City

Irrigon

State

OR

Zip

97844

Work Phone

541-481-9252

Home Phone

Cell Phone

Email Address

tephy.stang@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

Principal Planner

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

Morrow County, planning, Veterans' Services

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
EOU		BS	General
Riverside High School	12	Diploma	General

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.

OTLD - Director Elected

Campaign Finance Information

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Residence Address Exemption

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I don't want my residence address to be disclosed. I will be filing a separate SEL 180 – Residence Address Exemption Request.

Candidate Attestation

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

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3/20/2025
Date Signed

**Candidate Filing
District**

2025-41
MAR 10 2025

SEL 190
rev 12/24
ORS 255.235

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2025 District Election Filing Dates

Candidate Filing February 8, 2025 to March 20, 2025

Withdrawal Date March 20, 2025

This filing is an

Original

Amendment

Office Information

Filing for Office of:

Director position 4

District, Position or County:

Oregon Trail Library District

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Monica

MI

D

Last

Coleman

How you would like your name to appear on the ballot

Monica D Coleman

Candidate Residence/Route Address

Street Address

301 SW Wren Ct

City

Boadman

State

OR 97818

Zip

Candidate Mailing Address and Contact Information

Street Address or PO Box

301 SW Wren Ct

City

Boadman

State

OR 97818

Zip

Work Phone

Home Phone

321-2666-2996

Cell Phone

Email Address

MonicaD.Coleman@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

white

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

Permit Coordinator

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

N/A

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
University of Central FL		Bachelors	Criminal Justice
Meritt Island High School	12 th	general diploma	general ed

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.

NA

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2-19-25

Date Signed

**Candidate Filing
District**

MAR 17 2025
2025-56

SEL 190

rev 02/25
ORS 255.235

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2025 District Election Filing Dates

Candidate Filing February 8, 2025 to March 20, 2025

Withdrawal Date March 20, 2025

This filing is an

Original

Amendment

Office Information

Filing for Office of: **Board of Direction, Position 5**

District, Position or County: **Oregon Trail Library District**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

MI

Last

William

J

Kuhn

How you would like your name to appear on the ballot

William J. Kuhn

Candidate Residence/Route Address

Street Address

City

State

Zip

235 W. Baltimore St.

Heppner

Or.

97836

Candidate Mailing Address and Contact Information Do not use an address that has been exempt from disclosure.

Street Address or PO Box

City

State

Zip

P.O. Box 428

Heppner

Or.

97836

Work Phone

Home Phone

Cell Phone

541-676-9141

541-377-9477

Email Address

Web Site, if applicable

wjk@kuhnlawoffices.com

Race and Ethnicity *Optional*

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

Attorney

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

Private practice attorney in Morrow County since 1977.

Educational Background (schools attended) If no relevant experience, None or NA must be entered.			
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Cameron County High School, Emporium, PA	12		
Pennsylvania State University	4 years	BA in Political Science and History	
Lewis and Clark Law School	3 years	Juris Doctor	
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.

Twenty years on the Oregon Trail Library District Board/eleven years Morrow County School Board/^{Elected} Attorney for Cities of Heppner, Ione, and Irrigon/Attorney for Morrow County School Board/ Attorney for West Extension Irrigation District. ^{Elected}

Campaign Finance Information

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Candidate Attestation

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3-17-25
Date Signed

Candidate Filing
District

FEB 21 2025
2025-19 KB

SEL 190
rev 02/25
ORS 255.235

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2025 District Election Filing Dates

Candidate Filing February 8, 2025 to March 20, 2025

Withdrawal Date March 20, 2025

This filing is an

Original

Amendment

Office Information

Filing for Office of: *Ione Library Board At Large*

District, Position or County:

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

MI

Last

Debra

L

Campbell

How you would like your name to appear on the ballot

Debra Campbell

Candidate Residence/Route Address

Street Address

City

State

Zip

67396 Baker Ln.

Ione

OR

97843

Candidate Mailing Address and Contact Information Do not use an address that has been exempt from disclosure.

Street Address or PO Box

City

State

Zip

67396 Baker Ln

Ione

OR

97843

Work Phone

Home Phone

Cell Phone

541-422-7119

Email Address

Web Site, if applicable

Race and Ethnicity *Optional*

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

Retired

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

Library Tech Hepburn Ele.

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
The Dallas High School	12	Diploma	High School

Educational Background (other) Attach a separate sheet if necessary.

NA

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

Zone Library Board Elected

Campaign Finance Information

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 Car

2-21-25

Date Signed

**Candidate Filing
District**

2025-27
FEB 28 2025

SEL 190
rev 06/24
ORS 255.235

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2024 District Election Filing Dates

Candidate Filing July 18, 2024 to August 27, 2024

Withdrawal Date August 27, 2024

This filing is an

Original

Amendment

Office Information

Filing for Office of:

Director Ione Library District

District, Position or County:

At Large

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Margo

MI

E

Last

Sherer

How you would like your name to appear on the ballot

Margo Sherer

Candidate Residence/Route Address

Street Address

64748 Hwy 74

City

zone

State

OR

Zip

97843

Candidate Mailing Address and Contact Information

Street Address or PO Box

City

State

Zip

Work Phone

Home Phone

Cell Phone

541-571-5857

Email Address

Margo.sherer@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

White

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.

N/A

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
High School - Odessa WA	12th	Diploma	General Studies

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.

County Treasurer, Ione Library Board member, Elected

Campaign Finance Information

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2-28-25

Date Signed

Candidate Filing
District

2025-61

MAR 19 2025

SEL 190

rev 02/25
ORS 255.235

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2025 District Election Filing Dates

Candidate Filing February 8, 2025 to March 20, 2025

Withdrawal Date March 20, 2025

This filing is an

Original

Amendment

Office Information

Filing for Office of: Ione Library District - at large

District, Position or County:

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

MI

Last

Elizabeth

~~Elizabeth~~ Cm

Peterson

How you would like your name to appear on the ballot

Elizabeth Peterson

Candidate Residence/Route Address

Street Address

City

State

Zip

61789 Ridge Rd

Ione

OR

97843

Candidate Mailing Address and Contact Information Do not use an address that has been exempt from disclosure.

Street Address or PO Box

City

State

Zip

61789 Ridge Rd

Ione

OR

97843

Work Phone

Home Phone

Cell Phone

541 422 7414

541 561 8116

541 561 8116

Email Address

Web Site, if applicable

112032964@gmail.com

Race and Ethnicity *Optional*

Caucasian and White

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

City of Ione City Administrator

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

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Univ. of Portland	Sr.	Business	Business
Ione Schools	Sr.	-	-

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.

Ione School Board - elected
Morrow County Planning Commission - Appointed

Campaign Finance Information

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3/19/2025
Date Signed

Candidate Filing
District

MAR 20 2025
2025-72

SEL 190
rev 02/25
ORS 255.235

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2025 District Election Filing Dates

Candidate Filing February 8, 2025 to March 20, 2025

Withdrawal Date March 20, 2025

This filing is an

Original

Amendment

Office Information

Filing for Office of:

Ione Library board

District, Position or County:

Morrow County At Large

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Ann

MI

m

Last

Clabaugh

How you would like your name to appear on the ballot

Ann Clabaugh

Candidate Residence/Route Address

Street Address

315 E. Main

City

Ione

State

OR

Zip

97148

Candidate Mailing Address and Contact Information Do not use an address that has been exempt from disclosure.

Street Address or PO Box

P.O. Box 362

City

Ione

State

OR

Zip

97148

Work Phone

Home Phone

Cell Phone

503-560-8277

Email Address

clabaughann@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

NA

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

NA

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
NA			

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.

None

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3/01/25
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