

SCHOOL DISTRICTS

Candidate Filing
District

FEB 12 2025
2025-5 *VB*

SEL 190

rev 12/24
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: *Morrow County School Board*

District, Position or County: *Position 2*

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate:

First

Erin

MI

M.

Last

Anderson

How you would like your name to appear on the ballot

Erin Anderson

Candidate Residence/Route Address

Street Address

75257 Blackhorse Canyon Ln

City

Heppner

State

OR

Zip

97836

Candidate Mailing Address and Contact Information

Street Address or PO Box

75257 Blackhorse Canyon Ln.

City

Heppner

State

OR

Zip

97836

Work Phone

(541) 676-5421

Home Phone

⊘

Cell Phone

(503) 701-1918

Email Address

anderson.erin3@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

white

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

Clinic nurse / RN Morrow County Public Health

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

Clinic nurse / RN Gifford Medical + Urgent Care

Clinic nurse / RN Umatilla County Public Health

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
OHSU school of nursing	N/A	BSN/RN	nursing
EOU	N/A	BSN/RN	nursing
Wrangell High School	12	HS	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.

Currently serving Position # 2 for Morrow County School board, appointed

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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2/12/25

Date Signed

**Candidate Filing
District**

FEB 18 2025

2025-14 TC

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: *Morrow County School District*

District, Position or County: *Position 6*

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Ashley

MI

D.

Last

Lindsay

How you would like your name to appear on the ballot

Ashley Lindsay

Candidate Residence/Route Address

Street Address

73968 Lindsay Feedlot Lane

City

Lexington

State

OR

Zip

97839

Candidate Mailing Address and Contact Information

Street Address or PO Box

SAME

City

State

Zip

Work Phone

541-379-4079

Home Phone

541-376-8285

Cell Phone

Email Address

farmwife02@icloud.com

Web Site, if applicable

Race and Ethnicity *Optional*

White, 

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

Crop Adjuster RCIS/Zurich

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
Heppner High School	12	Diploma	

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.

Currently on MC School Board - Elected

Campaign Finance Information

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2-18-2025

Date Signed

**Candidate Filing
District**

2025.67

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: **Morrow County School District**

District, Position or County: **Morrow County School District Board Member Position #7**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Rosa

MI

E

Last

Delgado

How you would like your name to appear on the ballot

Rosa Delgado

Candidate Residence/Route Address

Street Address

133 SW Falcon Ct.

City

Boardman

State

OR

Zip

97818

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

Street Address or PO Box

133 SW Falcon Ct.

City

Boardman

State

OR

Zip

97818

Work Phone

541-371-6686

Home Phone

Cell Phone

323-972-7736

Email Address

Rozie6apache@yahoo.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

ODHS - Child Welfare - Child Safety Coach & Trainer Specialist

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

ODHS - Self Sufficiency - Family Coach

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
Eastern Oregon University (EOU)		BA	Psychology

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.

Served in Morrow County School Board - 2023-2024

Campaign Finance Information

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Candidate Attestation

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3/20/25

Date Signed

Candidate Filing
District

MAR 06 2025
2025-35

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 Member #1

District, Position or County: Ione School District

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First Lea	MI	Last Mathieu
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How you would like your name to appear on the ballot

Lea Mathieu

Candidate Residence/Route Address

Street Address 65528 Halvorsen Ln	City Ione	State OR	Zip 97843
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Candidate Mailing Address and Contact Information Do not use an address that has been exempt from disclosure.

Street Address or PO Box PO Box 302	City Ione	State OR	Zip 97843
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Work Phone	Home Phone	Cell Phone 541-561-5883
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Email Address leamathieu@mac.com	Web Site, if applicable
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Race and Ethnicity *Optional*

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

Retired teacher and minister

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

teacher
minister

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
National University		MA	English
Eastern Oregon U		MTE	Education
Union Seminary		MDIV	Theology
University of Texas		BA	English

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.

Current Ione School Board member ~~appointed~~
Past board member, Blue Mountain Cmty College
~~elected~~

Campaign Finance Information

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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

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**Candidate Filing
District**

2025-26 TC

FEB 28 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: **Director**

District, Position or County: **lone School District Position 3**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Adam

MI

B

Last

Collin

How you would like your name to appear on the ballot

Adam Collin

Candidate Residence/Route Address

Street Address

550 Delbert Dr

City

lone

State

OR

Zip

97843

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

Street Address or PO Box

550 Delbert Dr

City

lone

State

OR

Zip

97843

Work Phone

541-676-2150

Home Phone

Cell Phone

541-561-0869

Email Address

acollin13@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

Timber Sale Administrator, USFS

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
Ione High School	12	Diploma	
Neumont University	1 Term	-	Computer Science

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

Campaign Finance Information

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Candidate Attestation

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Candidate's Sign:

Feb 28, 2025
Date Signed

Candidate Filing
District

2025-1
FEB 10 2025 KB

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: Lone School District

District, Position or County: District 2, Position 4

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Janette

MI

D

Last

Eldridge

How you would like your name to appear on the ballot

Janette Eldridge

Candidate Residence/Route Address

Street Address

120 5th St

City

Lone

State

OR

Zip

97843

Candidate Mailing Address and Contact Information

Street Address or PO Box

PO Box 2

City

Lone

State

OR

Zip

97843

Work Phone

Home Phone

503-530-0606

Cell Phone

Email Address

J.Eldridge1969@yahoo.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

Caregiver, 7 years in city positions with experience of local meeting laws and economics

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
Hood River Valley High	12	Diploma	Gen

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.

7 years in a City Recorder position I have knowledge of laws and Regs and Budgeting.

Campaign Finance Information

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2/10/25
Date Signed

FEB 10 2025

Candidate Filing
District

MAR 04 2025
2025-28

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:

Director

District, Position or County:

Ione School Dist

Position 4

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

MI

Last

Edmund

W

Rietmann

How you would like your name to appear on the ballot

Edmund Rietmann

Candidate Residence/Route Address

Street Address

City

State

Zip

67597 Ella 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

Box 341

Ione

OR

97843

Work Phone

Home Phone

Cell Phone

541-701-7801

Email Address

Web Site, if applicable

Edrietmann@gmail.com

Race and Ethnicity *Optional*

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

self

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
Ione High School	12		
BMCC		AA Ag Business / AA Ag production	Agriculture
WVCC		BA	

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

Campaign Finance Information

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3/4/2025
Date Signed

2025-62

MAR 19 2025

SEL 190

rev 02/25
ORS 255.235

Candidate Filing District

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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: lone School District 2R

District, Position or County: #5

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Jesse

MI

D

Last

Shoemake

How you would like your name to appear on the ballot

Jesse Shoemake

Candidate Residence/Route Address

Street Address

630 Delbert Dr

City

lone

State

OR

Zip

97843

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

Street Address or PO Box

630 Delbert Dr

City

lone

State

OR

Zip

97843

Work Phone

Home Phone

Cell Phone

541-561-0673

Email Address

Jesse@theShoemakes.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

None

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

USN

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
Colton High School	12	Diploma	General
Phagans School of Hair Design	N/A	Barber License	Cosmetology

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 City Council - appointed

Campaign Finance Information

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19 MAR 25

Date Signed

Candidate Filing
District

MAR 20 2025
2025-68

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: Ione School District No 2R

District, Position or County: Position #5

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Samantha

MI

Ann Payton

Last

Peterson

How you would like your name to appear on the ballot

Sami Peterson

Candidate Residence/Route Address

Street Address

65528 Halvorsen Ln

City

Ione

State

OR

Zip

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

Work Phone

Home Phone

Cell Phone

541-519-3371

Email Address

Web Site, if applicable

Sami.peterson1818@gmail.com

Race and Ethnicity *Optional*

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

Secretary, Ione Community Church

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

School Counselor, Sherman County School

43559

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
Oregon State University	Masters	Masters	BA International Studies
			BS Psychology
			Masters of School Counseling
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.

N/A

Campaign Finance Information

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds).

If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.

See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

Residence Address Exemption

To exempt your residence address from public disclosure, complete form SEL 180 – Residence Address Exemption Request. The request for a Residence Address Exemption MUST include a publicly disclosable mailing address. See the Candidates Manual for further information.

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

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. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

3/20/2025
Date Signed