HEALTH DISTRICT

District

43292

rev 12/24 ORS 255.235

This form must be filed with co	unty elections official. All in	formation must be com	pleted or the form	n will be rej	ected.
2025 District Election Filing Dates					
Candidate Filing February 8, 2025 to	March 20, 2025	Withdrawal Date M	1arch 20, 2025		
This filing is an	Original		Amendmer	nt	TOTAL CONTROL
Office Information	.)				
Filing for Office of:					
District, Position or County: Morre	on Country He	with district	205.40	7 1	
ring intoffiation					
Filing with the required \$10.00 fe	e		· ·		
Prospective Petition					
Candidate Information Name of Candidate					
First	MI		Last		
Scott	\mathcal{A}		Eze	//	
How you would like your name to a	ppear on the ballot				
Scott Erec	!/				
Candidate Residence/Route Address	S		Market Company of the		and the second s
Street Address		City		State	Zip
75159 West Candidate Mailing Address and Conf	Ofegon LN	Irrigor	v	ORE	97844
Street Address or PO Box	tact information	City		State	Zip
	nacon LN	1 '		ore	77844
75159 West Work Phone	Home Phone	111.gan	Cell Phone	V ·	, , , ,
WORK FROME	1,101115		I	977	7/16
Email Address		Web Site, if applicat		922-	1610
Scott Ezelle.	Anl. Com	1			
1	,,0,,00.				
Race and Ethnicity Optional					
White					
Occupation (present employment)			ed.		
Port of Morrow	Antomatron E	ingineer			
Occupational Background (previous					
Fire Fighter IN.	FPG, USNA	7UY 1990-19	94		
EMT MOCO HD,		Adnet Inst			

Educational Background (schools attended) if i			Course of Study
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Oregon In Stitute of Tech		135	Electronics Eng
Klamath Commenty		Journey man	Electrical
Boise State		Man rey man	Electrical
Bacc		Emergency tec	4 EMT.
Educational Background (other) Attach a separa	ite sheet if necessary.	, ,	
Prior Governmental Experience (elected or app	oointed) If no relevant expe	rience, None or NA must be ente	red.
Irrigon Rural Fine prote morrow county Health a Oregon Apprentice Ship a	down Board me district. Board foucil membe	member, Appointe	cl
Campaign Finance Information A candidate must file a Statement of Organization no	ut later than three business day	s of first receiving a contribution or	making an expenditure and no
later than the deadline for filing a nominating petitio meet the criteria for an exemption. To meet the crite and not expect to spend or receive more than \$750 c	n, declaration of candidacy, or ria, the candidate must serve a	certificate of nomination, whichever as their own treasurer, not have an e	occurs first, unless they xisting candidate committee,
If you have an existing candidate committee you must includes changes to the election you are active in and			a change in information. This
See the Campaign Finance Manual for the procedura	l and legal requirements of est	ablishing and maintaining a candidat	e committee.
Residence Address Exemption			
To exempt your residence address from public disclo Residence Address Exemption MUST include a public			
I don't want my residence address to be dis	closed. I will be filing a sepa	rate <u>SEL 180 – Residence Address Ex</u>	remption 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.	ue to the best of my knowledge	2	
Warning Supplying false information on this form may (ORS 260.715). A person may only file for on filings are invalid. (ORS 249.013 and ORS 249	e lucrative office at the same e		
L			

2/20/25 Date Signed

Candidate Filing District

MAR 17. 2025 2025 - 57

SEL 190

rev 02/25 ORS 255.235

Candidate Filing February 8, 2025 to Ma	rch 20, 2025	Withdrawal Date	March 20, 2025		
This filing is an	Original		Amendme	nt	
Office Information					
Filing for Office of: Board Position	number 1				
District, Position or County: Morrow (County Health	District			
Filing Information					
Filing with the required \$10.00 fee					
Prospective Petition					
Candidate Information Name of Candidate					
First	МІ		Last		
Annetta	L.		Spicer		ROMAN AND A
How you would like your name to appea	r on the ballot				
Annetta L. Spicer					
Candidate Residence/Route Address					
Street Address		City		State	Zip
235 W. Baltimore St.		Heppner		Or.	97836
Candidate Mailing Address and Contact	nformation Do not us	T	en exempt from dis	T .	
Street Address or PO Box		City		State	Zip
P.O. Box 428		Heppner		Or.	97836
Work Phone	Home Phone		Cell Phone 541–377	-9577	
Email Address		Web Site, if applica	ble		
annettalspicer@icloud.	com				
Race and Ethnicity Optional					
Occupation (present employment) If no	relevant experience, N	Ione or NA must be enter	red.		
Retired Justice Judge and Attor	iey				
Retired Justice Judge and Attori Occupational Background (previous emp		nt experience, None or N.	A must be entered.		

Toppenish High School, Toppenish, WA Portland State University	12		
Portland State University	1		
	4 years	B.S.	Psychology/Science
Lewis and Clark Law School	3 years	Juris Doctor	
ducational Background (other) Attach a separate sheet i	f necessary.		

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

Morrow County Justice Judge/ Morrow County District Attorney/Library Board - Elected

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)

Candidate Filing

2025-21 FEB 26 2025

SEL 190

rev 06/24

District This form must be filed with county elections official. All information must be completed or the form will be rejected. 2024 District Election Filing Dates Withdrawal Date August 27, 2024 Candidate Filing July 18, 2024 to August 27, 2024 Original Amendment This filing is an Office Information Morrow County Health District Position 2 Jounty: Morrow County Health District Position 2 Filing for Office of: District, Position or County: **Filing Information** Filing with the required \$10.00 fee Prospective Petition **Candidate Information** Name of Candidate First Kilkenny Diane How you would like your name to appear on the ballot Kilkenny Diane Candidate Residence/Route Address Citv Zip Street Address 79074 Highway 74
Candidate Mailing Address and Contact Information State Zip City Street Address or PO Box CB 97836 79074 Highway 74
Work Phone Home Phone *541- 256 - 0035* Email Address 5-11-256-0035 5-11 256 0035 Web Site, if applicable dignelkilkenny @ quail.com n/4 Race and Ethnicity Optional Occupation (present employment) If no relevant experience, None or NA must be entered. Kilkenny Ranch owner Coperator Occupational Background (previous employment) If no relevant experience, None or NA must be entered. Good Shepherd Hospital

Morrow County Public Health

Educational Background (schools attended) If no	relevant experience, None	e or NA must be entered.	
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Ovegon Haalth Sciences Uni	1. Grad. 2015	Bachelor of Sgience	Nursing
Blee Mountain Community Colle	St Grad 1987	Associate of Science	Darsing
Columbia Basin Communia Ca	lloge Grad.	associate of Alts	General'
Hantord High School	Grad 1976	1.5. Diploma	
Educational Backgrouhd (other) Attach a separate		/	
Ragistered RIB 37 years	experience.		
Prior Governmental Experience (elected or appoi	inted) If no relevant experi	ence, None or NA must be enter	ed.
Beard of Director Morrow	Co. Health R	District - elected	1 2 1
Board of Director Eastern	oregon Cooric	le Care Organization	ni - appointed
Eastern Oregon Coord. Ca	re Org. Clin	ical Advisory Pa	nel - appointed
Beard of Director Morrow Board of Director Eastern of Fastern Oregon Coord. Ca Thorrow County Local Commit	unity advisory	Panel-appointed	•
Campaign Finance Information			
A candidate must file a Statement of Organization not la	ator than three husiness days	of first receiving a contribution or m	naking an expenditure and no
later than the deadline for filing a nominating petition,	declaration of candidacy, or c	ertificate of nomination, whichever	occurs first, unless they
meet the criteria for an exemption. To meet the criteria			
and not expect to spend or receive more than \$750 dur If you have an existing candidate committee you must a			
includes changes to the election you are active in and the	ne office you are running for.		
See the Campaign Finance Manual for the procedural ar	nd legal requirements of estal	blishing and maintaining a candidate	committee.
Residence Address Exemption			
To exempt your residence address from public disclosur Residence Address Exemption MUST include a publicly of			
I don't want my residence address to be disclo	sed. I will be filing a separa	ate <u>SEL 180 – Residence Address Exe</u>	emption 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 t	o the best of my knowledge		
Warning Supplying false information on this form may re (ORS 260.715). A person may only file for one lufillings are invalid. (ORS 249.013 and ORS 249.17	crative office at the same ele		
			2/26/8025
er			Date Signed

Candidate Filing District

MM 13 2025 TC 2025-45

SEL 190

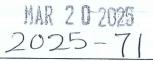
rev 02/25 ORS 255.235

1 This form must be filed with coun	ty elections official. All inf	formation must be comp	leted or the form	n will be reje	ected.
2025 District Election Filing Dates					
Candidate Filing February 8, 2025 to N		Withdrawal Date Ma			
This filing is an	⊠ Original		Amendmer	it	
Office Information		4 1 1 -	1		
Filing for Office of: Morrow (District, Position or County: Pos	ounty Heal	The DISTRICE			
District, Position or County:	ition 2				
Filing Information					
Filing with the required \$10.00 fee					
Prospective Petition	* -				
Candidate Information					
Name of Candidate	MI		last /		
First Russel	MI J	and the second of the second o	Last Nicha	s &.	
/W 33 C /		<u> </u>			
How you would like your name to app	/ / /				
Dr. Russel 1	lichols	En l'immig		. w	girly - 3 addis
Candidate Residence/Route Address					
Street Address		City //		State	zip 97836
535 Uhden Wa	-4	lepphe Hepphe		OR.	91836
Candidate Mailing Address and Contac	t Information Do not use a	an address that has been	exempt from dis	closure.	
Street Address or PO Box		City		State	Zip
10 Box 767		Heppher	ž 11.	OR	97836
Work Phone	Home Phone		Cell Phone		- 2
541-966-0535	- 1 - 1 - 2 - 3 - 3 - 3 - 3	and a series of a	541-3	25-3	635
Email Address	(Web Site, if applicable			
nicholsrte ya	hoo. com				
Race and Ethnicity Optional					
1					
200 10 00 70					
Occupation (present employment) If no	relevant experience, Non	e or NA must be entered			
Doctor					
200)2.		_		} ====	
Occupational Background (previous en	i ployment) If no relevant #	experience, None or NA r	nust be entered.	9.00	0.000
n .		-			
Doctor					

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
Centennial High School	/2	Diploma	1
Oregon State University	Senior	B. S.	1310lagy.
Oregon Houlth Sciences University	4th gr.	MD	Medicine
Educational Background (other) Attach a separate	sheet if necessary.		
Prior Governmental Experience (elected or appo	intenditif no estacast aveas	onco Nonc or MA must he anter	ari
Bhe Mourain Hospital	DISTALT BOX	ud - tlected	
,			
Campaign Finance Information			
A candidate must file a Statement of Organization not later than the deadline for filing a nominating petition, meet the criteria for an exemption. To meet the criteria	declaration of candidacy, or c a, the candidate must serve as	ertificate of nomination, whichever their own treasurer, not have an ex	occurs first, unless they cisting candidate committee,
and not expect to spend or receive more than \$1,500 d			
If you have an existing candidate committee you must a includes changes to the election you are active in and the		nization not later than 10 days after	a change in information. This
See the Campaign Finance Manual for the procedural a	nd legal requirements of estal	blishing and maintaining a candidate	committee.
Residence Address Exemption			
To exempt your residence address from public disclosur a Residence Address Exemption MUST include a publich	re, complete form <u>SEL 180 – R</u> y disclosable mailing address.	lesidence Address Exemption Reque See the Candidates Manual for furtl	st. The request for her information.
I don't want my residence address to be disclo	sed. I will be filing a separa	te <u>SEL 180 – Residence Address Exe</u>	mption 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 re [ORS 260.715]. A person may only file for one it filings are invalid, (ORS 249.013 and ORS 249.17	icrative office at the same ele	with a fine of up to \$125,000 and/or ction. Unless the person has withdra	prison for up to 5 years awn from the first filing, all

3/12/2025 Date Signed

Candidate Filing District



SEL 190 rev 02/25

Candidate Filing February 8, 202	5 to March 20, 2025	Withdrawal Date	March 20, 2025		
This filing is an	Original		Amendme	ent .	
Office Information					
Filing for Office of: Morrow C	ounty Health Distric	ct Board of Direct	tors		
District, Position or County: Pos	The state of the s				
Filing Information					
Filing with the required \$10.0	0 fee				
Prospective Petition					
Candidate Information Name of Candidate					
First	MI		Last		
Molly	F.		Rhea		
How you would like your name t	o appear on the ballot	gara a sea e se esta di atra-	Justine areas		r market latters
Molly F. Rhea					
Candidate Residence/Route Add	ress	to the same of the part of the			
Street Address		City		State	Zip
60 Canyon Driv	е	Heppner		OR	97836
Candidate Mailing Address and C	ontact Information Do not us	se an address that has bee	en exempt from di	sclosure.	
Street Address or PO Box		City		State	Zip
PO Box 1034		Heppner		OR	97836
Work Phone	Home Phone		Cell Phone 541/39 !	9-342	0
Email Address		Web Site, if applical			
Molly.Rhea@gn	nail.com				
Race and Ethnicity Optional					
White					
Occupation (present employment	t) If no relevant experience. N	one or NA must be enter	ad	Salden Na	180 Strate 180
	y a tre televante experience) it	one or twittings be effect	JU.		

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

Registered Nurse with Pioneer Memorial Hospital, Home Health & Hospice for more than 40 years, also worked for Morrow County Health Department for a few years.

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 A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expendate than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unkameet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate 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 info 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 a Residence Address Exemption MUST include a publicly disclosable mailing address. See the Candidates Manual for further information. I 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:	tion ence (elected or appointed) If no relevant experience, None or NA must be entered. enter of Organization not later than three business days of first receiving a contribution or making an expenditure and n ag a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they stion. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, evice more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds). the committee you must amend the statement of organization not later than 10 days after a change in information. This on you are active in and the office you are running for. nual for the procedural and legal requirements of establishing and maintaining a candidate committee.
Campaign Finance Information Campai	tion tence (elected or appointed) If no relevant experience, None or NA must be entered. tion tent of Organization not later than three business days of first receiving a contribution or making an expenditure and a g a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they belon. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee serve more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds). The committee you must amend the statement of organization not later than 10 days after a change in information. The proposed of the procedural and legal requirements of establishing and maintaining a candidate committee.
Empaign Finance Information Campaign Finance Information Campaig	tion tence (elected or appointed) If no relevant experience, None or NA must be entered. tion tent of Organization not later than three business days of first receiving a contribution or making an expenditure and a g a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they belon. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee serve more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds). The committee you must amend the statement of organization not later than 10 days after a change in information. The proposed of the procedural and legal requirements of establishing and maintaining a candidate committee.
rior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered. One ampaign Finance Information candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenter than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unlet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate not expect to spend or receive more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds; you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in info cludes changes to the election you are active in and the office you are running for. Be the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee. Esidence Address Exemption Description of the procedural and legal requirements of establishing and maintaining a candidate committee. Esidence Address Exemption Description of the procedural and legal requirements of establishing and maintaining a candidate committee. Esidence Address Exemption MUST include a publicly disclosable mailing address. See the Candidates Manual for further information. If don't want my residence address to be disclosed. I will be filling a separate SEL 180 — Residence Address Exemption Request and and the Attestation If signing this document, I hereby state that:	tion tence (elected or appointed) If no relevant experience, None or NA must be entered. tion tent of Organization not later than three business days of first receiving a contribution or making an expenditure and ag a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they belon. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee serve more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds). The committee you must amend the statement of organization not later than 10 days after a change in information. The proposed of the procedural and legal requirements of establishing and maintaining a candidate committee.
rior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered. One ampaign Finance Information candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenter than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unlet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate not expect to spend or receive more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds) you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in info acludes changes to the election you are active in and the office you are running for. Bee the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee. Besidence Address Exemption One exempt your residence address from public disclosure, complete form SEL 180 — Residence Address Exemption Request. The request Residence Address Exemption MUST include a publicly disclosable mailing address. See the Candidates Manual for further information. If don't want my residence address to be disclosed. I will be filing a separate SEL 180 — Residence Address Exemption Request andidate Attestation y signing this document, I hereby state that:	tion tence (elected or appointed) If no relevant experience, None or NA must be entered. tion tent of Organization not later than three business days of first receiving a contribution or making an expenditure and ag a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they belon. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee below more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds). The committee you must amend the statement of organization not later than 10 days after a change in information. The proposed of the procedural and legal requirements of establishing and maintaining a candidate committee.
candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expensive than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unleased the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate and not expect to spend or receive more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds; you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information contributions and personal funds; you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information contribution and the office you are running for. The carries of the election you are active in and the office you are running for. The early includes the election you are active in and legal requirements of establishing and maintaining a candidate committee. The early includes Exemption The request of exempt your residence address from public disclosure, complete form SEL 180 — Residence Address Exemption Request. The request in a contribution of the procedural and legal requirements of establishing and maintaining a candidate Sexemption Request. The request in the procedural and legal requirements of establishing and maintaining a candidate committee. The request of the procedural and legal requirements of establishing and maintaining a candidate sexemption Request of the procedural and legal requirements of establishing and maintaining a candidate committee.	tion tent of Organization not later than three business days of first receiving a contribution or making an expenditure and a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they belion. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committed believe more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds). The committee you must amend the statement of organization not later than 10 days after a change in information. The procedural and the office you are running for. The procedural and legal requirements of establishing and maintaining a candidate committee.
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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 expensater than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unlenged the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate not expect to spend or receive more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds from the statement of organization not later than 10 days after a change in infonculudes changes to the election you are active in and the office you are running for. The campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee. The sesidence Address Exemption To exempt your residence address from public disclosure, complete form SEL 180 — Residence Address Exemption Request. The request 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 filling a separate SEL 180 — Residence Address Exemption Request Candidate Attestation To signing this document, I hereby state that:	tion The sent of Organization not later than three business days of first receiving a contribution or making an expenditure and a sent of Organization, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they believe the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee beive more than \$1,500 during the entire calendar year (including in-kind contributions and personal funds). The serve are active in and the office you are running for. The serve are active in and the office you are running for. The serve are active in and legal requirements of establishing and maintaining a candidate committee.
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	reby state that:
	y me on this form is true to the best of my knowledge
	ation on this form may recult in acquistion of a follow with a fine of up to \$135,000 and/or reign 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 fire	S 249.013 and ORS 249.170)
 → 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 felopy with a fine of up to \$135,000 and/or pricen for up to \$135,000 and/or pricent for up to \$	if elected; y me on this form is true to the best of my knowledge ation 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 you may only file for one lucrative office at the same election. Unless the person has withdrawn from the first fi

3/20/2025 Date Signed

Can

2025-10

SEL 190

rev 12/24 ORS 255.235

Candidate Filing February 8, 2025 to M	arch 20, 2025	Withdrawal Date N	March 20, 2025		
This filing is an	Original		Amendment		
Office Information					
Filing for Office of: Board Memb	er posi	tion 3			
District, Position or County: Morrow	/ County Health	District			
Filing Information					
Filing with the required \$10.00 fee					
Prospective Petition					***************************************
Candidate Information Name of Candidate					
First	MI		Last		
Janet	M	orders grant of contract grant and contract grant g	Greenup	<u> </u>	
How you would like your name to appe	ear on the ballot				
Janet Greenup				A	
Candidate Residence/Route Address					
Street Address		City		State	Zip
225 W Baltimore S	it .	Heppner		OR	97836
Candidate Mailing Address and Contact	t Information				
Street Address or PO Box		City		State	Zip
PO Box 301		Heppner		OR	97836
Work Phone	Home Phone		Cell Phone 541-561-	-676	8
Email Address		Web Site, if applicab	ole		
anetgreenup@gm	ail.com				
Race and Ethnicity Optional					
caucasion					
Occupation (present employment) If no	relevant experience. N	lone or NA must be entere	:d:		
None					

Heppner High School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
- Troppino Tigit Concor	12	Diploma	general
Educational Background (other) Attach a sepa	rate sheet if necessary		
	,		
Prior Governmental Experience (elected or a			
Chair, Secretary, Treasurer Oregon Maintenance District; Appointed trea			
Namenance District, Appointed trea Authority.	asurer nepprier vvater	Control District, Member	nepplier nousing
dinority.			
Campaign Finance Information			
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meet the criteria for an exemption. To meet the cri and not expect to spend or receive more than \$750	teria, the candidate must serve a during the entire calendar year	s their own treasurer, not have an e lincluding in-kind contributions and	xisting candidate committed personal funds).
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meet the criteria for an exemption. To meet the cri and not expect to spend or receive more than \$750 of you have an existing candidate committee you mincludes changes to the election you are active in a See the Campaign Finance Manual for the procedur Residence Address Exemption To exempt your residence address from public disc a Residence Address Exemption MUST include a pure in don't want my residence address to be dicentified to be dic	teria, the candidate must serve a during the entire calendar year ust amend the statement of organd the office you are running for all and legal requirements of estatosure, complete form SEL 180 — olicly disclosable mailing address sclosed. I will be filing a separature to the best of my knowledge by result in conviction of a felony ne lucrative office at the same elegated as a service of the same elegated and the	s their own treasurer, not have an extending in-kind contributions and including in-kind contributions and inization not later than 10 days after oblishing and maintaining a candidate session and maintaining a candidate. See the Candidates Manual for furtaine SEL 180 – Residence Address Exemption Requestate SEL 180 – Residence Reside	existing candidate committees personal funds). a change in information. The e committee. est. The request for ther information. emption Request.

2-/7-2025 Date Signed

Candidate Filing

2025-20

SEL 190 rev 06/24 ORS 255.235

District

This form must be filed with county e	lections official. All info	ormation must be comp	leted or the form	will be rejec	ted.
2024 District Election Filing Dates					
Candidate Filing July 18, 2024 to August 27	, 2024	Withdrawal Date Au	gust 27, 2024		
This filing is an	Original		Amendmen	t	1
Office Information					
Filing for Office of: Morrow Cour	ity Heath Di	strict Posi-	hon 3		
Filing for Office of: Morrow Cour District, Position or County: Morrow	County Hea	1th District	Position	n 3	
Filing Information	0			and the same of th	
Filing with the required \$10.00 fee				Western	
Prospective Petition					
Candidate Information					
Name of Candidate					
First	MI	e e	Last •		
Donna	М		Rietm	ann	
How you would like your name to appear	on the ballot				
Donna Rietmann		Magazine Alle			
Candidate Residence/Route Address					1 × 11 × 11 × 11 × 11 × 11 × 11 × 11 ×
Street Address	•	City		State	Zip
70595 Dave Rietman	in Road	Ione	4.4	OR	97843
Candidate Mailing Address and Contact In	formation				- Paradon de la composição
Street Address or PO Box		City		State	Zip
P.O. Box 304		IONE		OR	97843
Work Phone	Home Phone		Cell Phone		_
541 701-7216	541 422	7435	541 7	01-72	16
Email Address		Web Site, if applicabl	e		
donna . rietmann (@ gmail. C	iom	NA		
Race and Ethnicity Optional					
Occupation (present employment) If no re	levant experience, Non	e or NA must be entered	1.		
Oregon Trail Farming	owner load	irator			
Occupational Background (previous emplo			must be entered.		
Morrow County Record	ds + Election	s. County	yerk De	outer	
JOR Farms OTF R	usiness Oil	pner			
Keller-Williams Real					

Educational Background (schools attended) If no	relevant experience, Non	e or NA must be entered.	· ·
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
ione Schools	12	Diploma	General
Blue Mountain Community Colle	90	certificate	General
Eastern Oregon State College	J	Degree	Business
State of Oregon (Real Estate	License)	License	Real Estate
Educational Background (other) Attach a separate	sheet if necessary.		
		200000000000000000000000000000000000000	
Prior Governmental Experience (elected or appoi		rience, None or NA must be ente	red.
Oregon Wheat Growers le 054 alumni assoc.	aque	4-H Leader Morrow Volunteer Morrow	row co.
osu alumni assoc.		VOLUNTEUR MORROW) Co. Fair
ions Education Foundate	$\alpha \alpha$.	
Board Member Marrie C	7)	Volunteer interna	tron Club love Scho
Campaign Finance Information	Wth District -	appointed director	,
A candidate must file a Statement of Organization not la			
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 a	is their own treasurer, not have an e	xisting candidate committee,
and not expect to spend or receive more than \$750 dur			1
If you have an existing candidate committee you must a includes changes to the election you are active in and th			a change in information. This
See the Campaign Finance Manual for the procedural ar			e committee.
	ra legar regarrerres or este	The state of the s	
Residence Address Exemption			
To exempt your residence address from public disclosur Residence Address Exemption MUST include a publicly o	e, complete form <u>SEL 180 –</u>	Residence Address Exemption Requi	est. The request for a
I don't want my residence address to be disclo			1
	seu. I will be lifting a sepa	rate Del Tho Meabellet Addition to	Company of the Compan
Candidate Attestation	- Control of the Cont		
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 	o the best of my knowledge	!	
Warning			
Supplying false information on this form may re (ORS 260.715). A person may only file for one lu filings are invalid. (ORS 249.013 and ORS 249.17	crative office at the same el	with a fine of up to \$125,000 and/c lection. Unless the person has withd	or prison for up to 5 years. rawn from the first filing, all
- · · · · · · · · · · · · · · · · · · ·			
Statement: My Committene	nt to Run ba	The Morraw Ca	inty Health
Statement: My Commitme District 15 Fueled by Cared for With KIN Feels Valued + resp	y the desire	to ensure every	patient 15
cared for with Kir	idness and co	ompassion and	every cirplases
feels valued + resp	sected,		

2-26-25 Date Signed

Candidate Fili District	ing Rec# 43453		MAR 10	2025	2025	5-40	SEL 190 rev 02/25 ORS 255.235
Transfer and the second	oe filed with county el	ections official. All in	nformation mus	t be complete	ed or the form	n will be rej	ected.
2025 District Election							
	ruary 8, 2025 to March		Withdrawa	l Date March	20, 2025		
This filing is an Office Information		🔀 Original] Amendmer	i t 1712-1713 2813-1713	
Filing for Office of:							
District, Position or Co	ounty: Mor	row Cour	nty He	on the C)15tr16	T #	11 /.
Filing Information	Position	# 4					
Filing with the requ					Anna Carlos Carl		
Prospective Petitio	n		· · · · · · · · · · · · · · · · · · ·				
Candidate Information Name of Candidate	ń						
First		MI		Las			
LAURA		9			TOR	RES	
How you would like yo	<u> </u>						
LAUR	LA TORI	RES					
Candidate Residence/I	Route Address						
Street Address			City	 	100 - 10 00 - 10 00 V	State	Zip
110 phe	asant c	+	Boa	rdma	\sim	OR	97818
Candidate Malling Add		rmation Do not use			· · · · · · · · · · · · · · · · · · ·	losure.	
Street Address or PO Bo	ox		City			State	Zip
Work Phone		Home Phone		I	l Phone		
541-922	-8484			~	₹76	72-0,	5-4848
Email Address			Web Site, if a				
laurad	orres. VCC	@amal.coi	m				
Race and Ethnicity Op	The second secon						
• • • • • • • • • • • • • • • • • • • •							
Occupation (present en	nployment) If no relev	ant experience, Non	e or NA must be	entered.	iku dali esta di . Batu lind e li in i		
Workfa	orce De	ue lopme.	n+				
Occupational Backgrour	14 14 14 14 14 14 14 14 14 14 14 14 14 1	the state of the s	and the second of the second	or NA must h	ne entered		

Educational Background (schools attended) If r	no relevant experience, Non	e or NA must be entered.	
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
National University	MBA	Degree	
La Grande EOU	BA	Degree Regrel	
`			
Educational Background (other) Attach a separa	te sheet if necessary.		
			V-10-00-00-00-00-00-00-00-00-00-00-00-00-
Prior Governmental Experience (elected or app	ointed) If no relevant exper	ience, None or NA must be ente	red.
Currently appointed			
currently appointed	T 110 LLOW CO	901149 110011	D174167 #4
	્ ય		
Service and the service of the servi			
Campaign Finance Information			
A candidate must file a Statement of Organization not	later than three business days	of first receiving a contribution or n	naking an expenditure and no
later than the deadline for filing a nominating petition	, declaration of candidacy, or o	certificate of nomination, whichever	occurs first, unless they
meet the criteria for an exemption. To meet the criter and not expect to spend or receive more than \$1,500 cm.			
If you have an existing candidate committee you must	21		
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 esta	blishing and maintaining a candidate	e committee.
Residence Address Exemption			
To exempt your residence address from public disclosu a Residence Address Exemption MUST include a public	ire, complete form SEL 180 – R	Residence Address Exemption Reque	st. The request for
I don't want my residence address to be disck			
Candidate Attestation	soca. I will be filling a separa	ite SEL 100 Residence Address Exe	inpuon kequest.
BUTCH TO A SECRETARY TO THE CONTROL OF THE SECRETARY TO THE SECRETARY TO THE SECRETARY THE SECRETARY TO THE SECRETARY THE SECRET			
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 re	esult in conviction of a felony v	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 I filings are invalid, (ORS 249.013 and ORS 249.1	ucrative office at the same ele 70)	ction. Unless the person has withdra	iwn from the first filing, all
•	Agreement		
			3-11 20
	•		3-10-29
			Date Signed

rev 02/25 ORS 255.235

District

	to March 20, 2025	Withdrawal Date N	/larch 20, 2025	
This filing is an	✓ Original		Amendment	
Office Information				
Filing for Office of: Morrow.	County Heal	the ARRIVER	- Directe	96
District, Position or County:	Position 5	/		
Filing Information		### ### ### ##########################		
Filing with the required \$10.00 f	fee			
Prospective Petition				
Candidate Information Name of Candidate		7		
First	MI		Last	
Jason	Lee		Hanno	
How you would like your name to a	annear on the ballot			
T . 11	na			<u> </u>
Candidate Residence/Route Addres	SS			
Street Address		City	State	Zip
76871 Huy 7	74 Lena	Hearner	OR	97836
76871 Huny 7 Candidate Mailing Address and Con	ntact Information Do not use	an address that has beer	n exempt from disclosure.	
Street Address or PO Box		City	State	Zip
P.O. Box 432	2	Hemmon	OR	97836
Work Phone	Home Phone	11 gyra	Cell Phone	
158 - 255 -3566	^	1 _A	NA	
Email Address		Web Site, if applicable	e	
Just ask hanna	Q gmail-cor	r		
	y man - cor			ananyanya amin'ny
Race and Ethnicity Optional				
• 1		<u> </u>		
Occupation (present employment) I	f no relevant experience, Non	ne or NA must be entered		
secured thresent employment,			n Ç	<u> </u>

Educational Background (schools attended) If		and the contract of the contra	
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Happin High School	12	Deplom	General
	æ		
Educational Background (other) Attach a separa	ate sheet if necessary.		
Prior Governmental Experience (elected or app	oointed) If no relevant exper	ience, None or NA must be ente	red. 1
President - Heppur Youth			
, promote tour			
	<i>*</i> *		
			The second secon
Campaign Finance Information			jus kladenski i kladinska filozofi. Diskolar
	<u>nota e la persona e en el distribito.</u>		
A candidate must file a Statement of Organization not later than the deadline for filing a nominating petition	t later than three business days n. declaration of candidacy, or c	of first receiving a contribution or neertificate of nomination, whichever	naking an expenditure and no
meet the criteria for an exemption. To meet the criteria	ria, the candidate must serve as	their own treasurer, not have an ex	isting candidate committee,
and not expect to spend or receive more than \$1,500	•		·
If you have an existing candidate committee you must includes changes to the election you are active in and		nization not later than 10 days after	a change in information. This
See the Campaign Finance Manual for the procedural		blishing and maintaining a candidate	committee.
Residence Address Exemption			
To exempt your residence address from public disclos	ure, complete form SEL 180 – R	esidence Address Exemption Reque	st. The request for
a Residence Address Exemption MUST include a public	cly disclosable mailing address.	See the Candidates Manual for furth	ner information.
I don't want my residence address to be discl	losed. I will be filing a separa	te <u>SEL 180 – Residence Address Exe</u>	mption 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 	e to the best of my knowledge		
→ Warning			
Supplying false information on this form may r	result in conviction of a felony v	vith 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 filings are invalid. (ORS 249.013 and ORS 249.1	lucrative office at the same elec 170)	ction. Unless the person has withdra	wn from the first filing, all
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-			3/12/2020

Candidate Filing District

MAR 18 2025 2025 - 58

SEL 190

rev 02/25 ORS 255.235

1 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		Amendmer	it	
Office Information					
Filing for Office of: Morrow Count	y Health Distric	ot Board			
District, Position or County: Position	#4	9			
Filing Information					
Filing with the required \$10.00 fee					
Prospective Petition					
Candidate Information Name of Candidate					
First Raymond	MI D .		Last Seas	tone	
How you would like your name to appear	on the ballot		on a warriero Lin Todos de como		
Raymond Seast	one				
Candidate Residence/Route Address					
Street Address		City		State	Zip
165 SW Utah awo	nue	Imagon		OR	97844
Candidate Mailing Address and Contact In		address that has been	exempt from dis	closure.	A PRINT SERVICE
Street Address or PO Box		City		State	Zip
165 SW Utah ave	nue	Imagon		OR	97844
Work Phone	Home Phone		Cell Phone		
541-676-9884			503.3	13.39	34
Email Address		Web Site, if applicable			
rseastone agmail.com					
Race and Ethnicity Optional					
Occupation (present employment) If no relevant experience, None or NA must be entered.					
Assistant Vice President/New Construction Loan Officer Eastern OR					
Occupational Background (previous employment) If no relevant experience, None or NA must be entered.					
Banking, Intel					

Educational Background (schools attended) Complete name of School	If no relevant experience, Nor Last Grade completed	e or NA must be entered. Diploma/Degree/Certificate	Course of Study
Everogen State College	Last Grade Completed Lyr.	Computer Science	Como
J 3500 0100	11	L'HOW CAND	
	•		
Educational Background (other) Attach a sepa	arate sheet if necessary.		
Prior Governmental Experience (elected or a	appointed) If no relevant expe	ience, None or NA must be ente	red.
NA	•		
NONE		•	
	1.0.000		
Campaign Finance Information			
A candidate must file a Statement of Organization			
later than the deadline for filing a nominating petit meet the criteria for an exemption. To meet the cri			
and not expect to spend or receive more than \$1,5			
If you have an existing candidate committee you m	ust amend the statement of orga	nization not later than 10 days after	a changé in information. This
includes changes to the election you are active in a See the Campaign Finance Manual for the procedu		blishing and maintaining a candidate	a committee
		wiishing and maintaining a candidate	
Residence Address Exemption			
To exempt your residence address from public disc a Residence Address Exemption MUST include a pu	losure, complete form <u>SEL 180 – I</u> blicly disclosable mailing address.	Residence Address Exemption Reque See the Candidates Manual for furt	st. The request for her information.
I don't want my residence address to be di		*	
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 t	rue to the best of my knowledge		
Warning Completion following		f	
Supplying false information on this form ma (ORS 260.715). A person may only file for or			
filings are invalid. (ORS 249.013 and ORS 24		,	J.
·	•		
	1		
			- -
			3-17-2025
			Date Signed