

HEALTH DISTRICT

Candidate Filing

District

43292

FEB 20 2025

2025-17 Bc

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:

District, Position or County: *Morrow County Health district position 1*

Filing Information

☒ Filing with the required \$10.00 fee☐ Prospective Petition

Candidate Information

Name of Candidate

First

Scott

MI

A

Last

Ezell

How you would like your name to appear on the ballot

SCOTT EZELL

Candidate Residence/Route Address

Street Address

75159 West Oregon LN

City

Irrigon

State

ORE

Zip

97844

Candidate Mailing Address and Contact Information

Street Address or PO Box

75159 West Oregon LN

City

Irrigon

State

ORE

Zip

97844

Work Phone

Home Phone

Cell Phone

541-922-7610

Email Address

SCOTT.EZELL@AOL.COM

Web Site, if applicable

Race and Ethnicity Optional

White

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

Port of Morrow Automation Engineer

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

*Fire Fighter I/II, US NAVY 1990-1994,
EMT Moco HD,
BMCC Adult Instructor*

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 Institute of Tech		AAS	Electronics Eng
Klamath Community		Journeyman	Electrical
Boise State		Journeyman	Electrical
BACC		Emergency tech	EMT-

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.

Irrigon Rural Fire protection Board member Elected
Morrow County Health district Board member, Appointed
Oregon Apprenticeship Council member

Campaign Finance Information

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Residence Address Exemption

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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

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2/20/25

Date Signed

**Candidate Filing
District**

MAR 17 2025
2025-57

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 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

Annetta

MI

L.

Last

Spicer

How you would like your name to appear on the ballot

Annetta L. Spicer

Candidate Residence/Route Address

Street Address

235 W. Baltimore St.

City

Heppner

State

Or.

Zip

97836

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 428

City

Heppner

State

Or.

Zip

97836

Work Phone

Home Phone

Cell Phone

541-377-9577

Email Address

annettaspicer@icloud.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

Retired Justice Judge and Attorney

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

Private practice attorney - 30 years/Morrow County District Attorney - 2 years/Morrow County Justice Judge - 9 years

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
Toppenish High School, Toppenish, WA	12		
Portland State University	4 years	B.S.	Psychology/Science
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.Morrow County Justice Judge/ Morrow County District Attorney/Library Board - *Elected***Campaign Finance Information**

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3/17/2025
Date Signed

Candidate Filing
District

2025-21
FEB 26 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: Morrow County Health District Position 2

District, Position or County: Morrow County Health District Position 2

Filing Information

☒ Filing with the required \$10.00 fee

☐ Prospective Petition

Candidate Information

Name of Candidate

First

MI

Last

Diane

L.

Kilkenny

How you would like your name to appear on the ballot

Diane Kilkenny

Candidate Residence/Route Address

Street Address

City

State

Zip

79074 Highway 74

Heppner

OR

97836

Candidate Mailing Address and Contact Information

Street Address or PO Box

City

State

Zip

79074 Highway 74

Heppner

OR

97836

Work Phone

Home Phone

Cell Phone

541-256-0035

541-256-0035

541-256-0035

Email Address

Web Site, if applicable

diane.kilkenny@gmail.com

n/a

Race and Ethnicity *Optional*

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

Kilkenny Ranch owner/operator

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 or NA must be entered.

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Oregon Health Sciences Univ	Grad. 2015	Bachelor of Science	Nursing
Blue Mountain Community College	Grad 1987	Associate of Science	Nursing
Columbia Basin Community College	Grad.	Associate of Arts	General
Hanford High School	Grad 1976	H.S. Diploma	

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

Registered RN 37 years experience.

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

Board of Director Morrow Co. Health District - *elected*
Board of Director Eastern Oregon Coord. Care Organization - *appointed*
Eastern Oregon Coord. Care Org. Clinical Advisory Panel - *appointed*
Morrow County Local Community Advisory Panel - *appointed*

Campaign Finance Information

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2/26/2025
Date Signed

**Candidate Filing
District**

MAR 13 2025

TC
2025-45

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 Health District*

District, Position or County: *Position 2*

Filing Information

☒ Filing with the required \$10.00 fee

☐ Prospective Petition

Candidate Information

Name of Candidate

First

Russel

MI

J

Last

Nichols

How you would like your name to appear on the ballot

Dr. Russel Nichols

Candidate Residence/Route Address

Street Address

535 Linden Way

City

Heppner

State

OR

Zip

97836

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

Street Address or PO Box

PO Box 767

City

Heppner

State

OR

Zip

97836

Work Phone

541-966-0535

Home Phone

—

Cell Phone

541-325-3635

Email Address

nicholsrt@yahoo.com

Web Site, if applicable

Race and Ethnicity *Optional*

White Caucasian

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

Doctor

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

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	12	Diploma	
Oregon State University	Senior	B.S.	Biology
Oregon Health Sciences University	4th gr.	MD	Medicine
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
Blue Mountain Hospital District Board - Elected

Campaign Finance Information
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Residence Address Exemption
<p>To exempt your residence address from public disclosure, complete form <u>SEL 180 – Residence Address Exemption Request</u>. The request for a Residence Address Exemption MUST include a publicly disclosable mailing address. See the Candidates Manual for further information.</p> <p><input type="checkbox"/> I don't want my residence address to be disclosed. I will be filing a separate <u>SEL 180 – Residence Address Exemption Request</u>.</p>
Candidate Attestation
<p>By signing this document, I hereby state that:</p> <p>→ I will qualify for said office if elected;</p> <p>→ All information provided by me on this form is true to the best of my knowledge</p>
<p>Warning</p> <p>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)</p>

3/12/2025

Date Signed

**Candidate Filing
District**

MAR 20 2025
2025-71

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 Health District Board of Directors**

District, Position or County: **Position 2**

Filing Information

☒ Filing with the required \$10.00 fee

☐ Prospective Petition

Candidate Information

Name of Candidate

First

Molly

MI

F.

Last

Rhea

How you would like your name to appear on the ballot

Molly F. Rhea

Candidate Residence/Route Address

Street Address

60 Canyon Drive

City

Heppner

State

OR

Zip

97836

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

Street Address or PO Box

PO Box 1034

City

Heppner

State

OR

Zip

97836

Work Phone

Home Phone

Cell Phone

541/399-3420

Email Address

Molly.Rhea@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

White

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.

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 (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
Good Samaritan School of Nursing		Diploma	Nursing

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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Can

3/20/2025
Date Signed

**Candidate Filing
District**

FEB 18 2025

2025-10

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: **Board Member** *position 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

Greenup

How you would like your name to appear on the ballot

Janet Greenup

Candidate Residence/Route Address

Street Address

City

State

Zip

225 W Baltimore St

Heppner

OR

97836

Candidate Mailing Address and Contact Information

Street Address or PO Box

City

State

Zip

PO Box 301

Heppner

OR

97836

Work Phone

Home Phone

Cell Phone

541-561-6768

Email Address

Web Site, if applicable

janetgreenup@gmail.com

Race and Ethnicity *Optional*

caucasian

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.

Manager, Morrow Soil & Water Conservation District

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	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.

Chair, Secretary, Treasurer Oregon Conservation Education Network; Chair Heppner Cemetery Maintenance District; Appointed treasurer Heppner Water Control District; Member Heppner Housing Authority.

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FEB 26 2025

SEL 190

rev 06/24
ORS 255.235**Candidate Filing
District**

2025-20

i 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**

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: Morrow County Health District Position 3

District, Position or County: Morrow County Health District Position 3

Filing Information☒ Filing with the required \$10.00 fee☐ Prospective Petition**Candidate Information****Name of Candidate**

First

Donna

MI

M

Last

Rietmann

How you would like your name to appear on the ballot

Donna Rietmann

Candidate Residence/Route Address

Street Address

70595 Dave Rietmann Road

City

Ione

State

OR

Zip

97843

Candidate Mailing Address and Contact Information

Street Address or PO Box

P.O. Box 304

City

Ione

State

OR

Zip

97843

Work Phone

541 701-7216

Home Phone

541 422-7435

Cell Phone

541 701-7216

Email Address

donna.rietmann@gmail.com

Web Site, if applicable

NA

Race and Ethnicity Optional**Occupation (present employment)** If no relevant experience, None or NA must be entered.

Oregon Trail Farming, owner/operator

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.Morrow County Records + Elections, County clerk Deputy
JOR Farms / OTF Business owner
Keller-Williams Real Estate Agent

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 Schools	12	Diploma	General
Blue Mountain Community College		certificate	General
Eastern Oregon State College		Degree	Business
State of Oregon (Real Estate License)		License	Real Estate

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.

Oregon Wheat Growers League	4-H Leader Morrow Co.
OSU Alumni Assoc.	Volunteer Morrow Co. Fair
ione Education Foundation	Volunteer International Club ione School
Board member Morrow Co.	
Health District - appointed director	

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Statement: My commitment to Run for the Morrow County Health District is fueled by the desire to ensure every patient is cared for with kindness and compassion and every employee feels valued + respected.

2-26-25
Date Signed

Candidate Filing

District

Rec# 43453

MAR 10 2025

2025-40

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

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☒ Original

☐ Amendment

Office Information

Filing for Office of:

District, Position or County:

Morrow County Health District #46

Filing Information

Position # 4

☒ Filing with the required \$10.00 fee

☐ Prospective Petition

Candidate Information

Name of Candidate

First

LAURA

MI

G

Last

TORRES

How you would like your name to appear on the ballot

LAURA TORRES

Candidate Residence/Route Address

Street Address

110 pheasant 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

City

State

Zip

Work Phone

541-922-8484

Home Phone

Cell Phone

760-575-4848

Email Address

laura.torres.vcc@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

Workforce Development

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
National University	MBA	Degree	
La Grande EOJ	BA	Degree	

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 appointed Morrow County Health District #4

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

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)

3-10-29

Date Signed

Candidate Filing
District

MAR 12 2025

2025-43

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: *Morrow County Health District - Director*

District, Position or County:

Position 4

Filing Information

☒ Filing with the required \$10.00 fee

☐ Prospective Petition

Candidate Information

Name of Candidate

First

Jason

MI

Lee

Last

Hanna

How you would like your name to appear on the ballot

Jason Hanna

Candidate Residence/Route Address

Street Address

76871 Hwy 74 Lena

City

Heppner

State

OR

Zip

97836

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 432

City

Heppner

State

OR

Zip

97836

Work Phone

458-255-3566

Home Phone

N/A

Cell Phone

N/A

Email Address

Justaskhanna@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

Equipment Manager - Threemile Canyon Farms

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
Heppner 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.

President - Heppner Youth Baseball - 2010 - Current

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.

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3/12/2025
Date Signed

Candidate Filing
District

MAR 18 2025

2025-58

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 Health District Board

District, Position or County: Position # 4

Filing Information

☒ Filing with the required \$10.00 fee

☐ Prospective Petition

Candidate Information

Name of Candidate

First Raymond MI D. Last Seastone

How you would like your name to appear on the ballot

Raymond Seastone

Candidate Residence/Route Address

Street Address	City	State	Zip
<u>165 SW Utah Avenue</u>	<u>Irrigon</u>	<u>OR</u>	<u>97844</u>

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
<u>165 SW Utah Avenue</u>	<u>Irrigon</u>	<u>OR</u>	<u>97844</u>

Work Phone	Home Phone	Cell Phone
<u>541-676-9884</u>		<u>503-313-3934</u>

Email Address	Web Site, if applicable
<u>rseastone@gmail.com</u>	

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 Bank of

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

Banking, Intel

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
Evergreen State College	4 yr.	Computer Science	Comp.

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 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).

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3-17-2025

Date Signed