

**Candidate Filing
District**

MAR 14 2019

SEL 190

rev 01/16
ORS 255.235

i All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Office Information

EAST

Filing for Office of: **Umatilla County Ambulance Area Health District - # 4**

District, Position or County: **Umatilla County**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

| First | MI | Last | Suffix | Title |
|-------|----|------|--------|-------|
| Carol | | Kirk | | |

How you would like your name to appear on the ballot

Carol Kirk

Candidate Residence/Route Address

| Street Address | City | State | Zip |
|-------------------------|--------|-------|-------|
| <i>210 Railroad St.</i> | Weston | OR | 97886 |

Candidate Mailing Address and Contact Information: Only one phone number is required.

| Street Address or PO Box | City | State | Zip |
|--------------------------|--------|-------|-------|
| <i>P.O. Box 311</i> | Weston | OR | 97886 |

| Work Phone | Home Phone | Cell Phone | Fax |
|------------|------------|--------------|-----|
| | | 541-969-3948 | |

| Email Address | Web Site, if applicable |
|--------------------------------|-------------------------|
| flowerpakingrammie60@gmail.com | |

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.

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

| Complete name of School (no acronyms) | Last Grade completed | Diploma/Degree/Certificate | Course of Study |
|---------------------------------------|----------------------|----------------------------|-----------------|
| <i>Weston High School</i> | | | |
| | | | |
| | | | |
| | | | |

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.

I have been on EUCAAHD (Medic 400) since 2017 and have served on many other boards in my community.

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

- Yes, I have a candidate committee.
- No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
- No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

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. (ORS 249.013 and ORS 249.170)

X

3/15/19
Date Signed

3296

For Office Use Only Initials _____

Candidate Filing
District

SEL 190

rev 01/16
ORS 255.235

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Original

Amendment

Office Information

Filing for Office of: **East Umatilla County Ambulance Area Health District**

District, Position or County: **Position 3 A/L**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

| First | MI | Last | Suffix | Title |
|-------------|----|----------|--------|-------|
| Christopher | R | Williams | | |

How you would like your name to appear on the ballot

Chris Williams

Candidate Residence/Route Address

| Street Address | City | State | Zip |
|----------------|--------|-------|-------|
| 78627 3rd St. | Athena | OR | 97813 |

Candidate Mailing Address and Contact Information: Only one phone number is required.

| Street Address or PO Box | City | State | Zip |
|--------------------------|--------|-------|-------|
| PO Box 611 | Athena | OR | 97813 |

| Work Phone | Home Phone | Cell Phone | Fax |
|------------|------------|--------------|-----|
| | | 541-379-0347 | |

| Email Address | Web Site, if applicable |
|----------------------|-------------------------|
| chris.williams@q.com | |

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

Johns Ranch Inc.

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

The McGregor Company

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

| Complete name of School (no acronyms) | Last Grade completed | Diploma/Degree/Certificate | Course of Study |
|---------------------------------------|----------------------|----------------------------|-----------------|
| Oregon State University | | BS | Crop Science |
| Weston-McEwen High School | | 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.

East Umatilla County Ambulance Area Health District- appointed 2018

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

- Yes, I have a candidate committee.
- No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
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X

3-15-19

Date Signed

#3302

For Office Use Only Initials _____

**Candidate Filing
District**

SEL 190

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ORS 255.235

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Original

Amendment

Office Information

Filing for Office of: **Umatilla County Ambulance Area Health District - # 1**

District, Position or County: **Umatilla County**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

| First | MI | Last | Suffix | Title |
|---------|----|----------|--------|-------|
| Crystal | J. | Wernlund | | |

How you would like your name to appear on the ballot

Chrys Wernlund

Candidate Residence/Route Address

| Street Address | City | State | Zip |
|------------------|-------|-------|-------|
| 419 Harrison St. | Helix | OR | 97835 |

Candidate Mailing Address and Contact Information: Only one phone number is required.

| Street Address or PO Box | City | State | Zip |
|--------------------------|-------|-------|-------|
| PO Box 301 | Helix | OR | 97835 |

| Work Phone | Home Phone | Cell Phone | Fax |
|------------|------------|--------------|-----|
| | | 541-310-8183 | |

| Email Address | Web Site, if applicable |
|---------------------|-------------------------|
| HelixRFPD@gmail.com | |

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

Christine M Wallace, Attorney

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

None

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

| Complete name of School (no acronyms) | Last Grade completed | Diploma/Degree/Certificate | Course of Study |
|---|----------------------|----------------------------|-----------------|
| Salmon Arm Senior Secondary | 12 | Diploma | General |
| Professional Career Development Institute | 2 | Certificate | Paralegal |
| | | | |
| | | | |

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.

I have been on the Helix Fire Board since 2014 and the EUCAAHD (Medic 400) since 2017.

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

- Yes, I have a candidate committee.
- No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
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X

3/8/19
Date Signed

3308

For Office Use Only Initials _____