

**Candidate Filing
District**

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

Filing for Office of: **Umatilla Hospital District**

District, Position or County: **Position #1**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Darla	M	Huxel		

How you would like your name to appear on the ballot

Darla Huxel

Candidate Residence/Route Address

Street Address	City	State	Zip
415 Stephens Av.	Umatilla	OR	97882

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

Street Address or PO Box	City	State	Zip
P.O. Box 584	Umatilla	OR	97882

Work Phone	Home Phone	Cell Phone	Fax
	541-922-2600		

Email Address	Web Site, if applicable
Bluemtvbref@gmail.com	

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

Police Chief for the City of Umatilla

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

Currently on the Board

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
Western Oregon University	11	No	Criminal Justice
Blue Mountain CC	10	AA	Criminal Justice
Umatilla 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 the Board of Directors for the Hospital District and the Umatilla Rural Fire Protection District

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)

Candidate



2-22-19

Date Signed

3262

For Office Use Only Initials _____

Candidate Filing
District

FEB 13 2019

SEL 190

rev 01/16
ORS 255.295

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

This filing is an

Original

Amendment

Office Information

Filing for Office of: DIRECTOR UMATILLA HOSPITAL DISTRICT # 3

District, Position or County: DIRECTOR SINCE 2012

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
John	T	McWHINNIE	Jr	

How you would like your name to appear on the ballot

JACK McWHINNIE

Candidate Residence/Route Address

Street Address	City	State	Zip
28052 HWY 730	UMATILLA	OR	97882

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

Street Address or PO Box	City	State	Zip
28052 HWY 730	UMATILLA	OR	97882

Work Phone	Home Phone	Cell Phone	Fax
	541-922-4673		

Email Address	Web Site, if applicable

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.

ASBESTOS WORKER → UNION INSULATOR 33 years
HEAT + FROST

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

RT

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
EAST PROVIDENCE High School	12	Diploma	
4 year Apprenticeship	4 years	Certificate	Union

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.

Umatilla (city) Code Improvement 4 years Umatilla Hospital Dist. since 2012
 West End Trash Committee 4 years
 Board of Registrars Second, Mass 8 years

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

Candidate Committee

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2/11/19
Date Signed

3243