rev 01/16 ORS 255.235

All information must be	completed or the form will be re	jected.		
This filing is an	Original		Amendment	
Office Information East	st Umatilla Co.	Ambulance Di	strict	
Filing for Office of:	ena-Weston (	ambulance	Board Pos	HIDN#4
District, Position or County:	12 matilla			
Filing Information				
Filing with the required \$	10.00 fee			
Prospective Petition				
Candidate Information				
Name of Candidate				
First Carol	MI Last	KirK	Suffix	Title
How you would like your na	me to appear on the ballot	,		
	Carol	Kirk		
Candidate Residence/Route	Address			
Street Address 210 Ra	ilroad St.	City Weston	State	Zip 97886
Candidate Mailing Address a	and Contact Information: Only one	e phone number is required.		
Street Address or PO Box	?Box 3/1	City Weston	State	71886
Work Phone	Home Phone	Cell Phone	Fax	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
		541-969-394	8	
Email Address	10/	Web Site, if applicable		
+ 10werpar	Kingrammie 606	gimail. Com		
Occupation (present employ	menty If no relevant experience, N	None or NA must be entered.		-
7	Petired			
Occupational Background (p	revious employment) If no releva	nt experience, None or NA must	be entered.	
	former			

ducational Background (other) Attach a separate sheet if necessary.    A	enera				1.0	1.11 1 1 1 1	100
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	Date Signe						
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## **Candidate Filing**

District

FEB 1 4 203 L 190

rev 08/22 ORS 255.235

2023 District Election Filing Date	S		1	
Candidate Filing February 4, 202	3 to March 16, 2023	Withdrawal Date March 16, 202	3	
This filing is an	🔀 Original	Amend	dment	
Office Information				
		bulance ARea Health	Distri	9
District, Position or County: Po	sition I			
Filing Information				
Filing with the required \$10.0	0 fee			
Prospective Petition				The state of the s
Candidate Information				
Name of Candidate				
First	MI Las	Jernlund	Suffix	
Chrys	U	Jernlund		
low you would like your name t	o appear on the ballot			
Chrys Wernlun		100 mm - 1 mm -		
Chigo Weithon				
Candidate Residence/Route Add	ress	-1 -	_	
Street Address		Nelix	State	Zip
419 Harrison St.		Nellx	OR	97835
Candidate Mailing Address and C	ontact Information	18		
Street Address or PO Box		City	State	97835
POBOY 301	II. Bl	Halix	OR	41000
Work Phone	Home Phone	Cell Phone 541-310-8183	Fax	
mail Address Nalix RFPDQ gma	1 (000)	Web Site, if applicable		
MCCIK HELDE GILIO	rer con ,			
lace and Ethnicity Optional		4-1-		
white				
occupation (present employmen	t) If no relevant experience,	None or NA must be entered.		
building Codes -				
,				
		nt experience, None or NA must be ente	ered.	
aralegal - 20 typs				
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Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
BMCC		Bus. Admin AAS	
Educational Background (other) Attacl	h a separate sheet if necessary.		

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

Helix Fire Dept. Board 2014-2020 EUC Ambulan Cl 2017-Present

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

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 \$750 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.

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 249.170)

1/19/2023 Date Signed