rev 08/22 ORS 255.235

District

Candidate Filing February 4, 2023	3 to March 16, 2023		Withdrawal Date March	16, 2023		
This filing is an	Original			Amendme	nt	
Office Information	- Anna -	1				n
Filing for Office of: Milton Fre	eewater Valle	y Ambul	ance District-Boar	d Memb	er	
District, Position or County: Boa	ard Member	#21				
Filing Information						
Filing with the required \$10.00) fee					
Prospective Petition						
Candidate Information						
Name of Candidate						
First	MI	Last			Suffix	
David	M	Morri	S			
How you would like your name to	o appear on the ball	ot				
Dave Morris					541	
Candidate Residence/Route Add	ress		II =0.27	M		
Street Address			City		State	Zip
34170 Eastside Rd			Milton Freewater	•	OR	97862
Candidate Mailing Address and C	ontact Information					
Street Address or PO Box			City		State	Zip
34170 Eastside Rd			Milton Freewater		OR	97862
Work Phone	Home Phone		Cell Phone 509-520-6011	Fa	x	
Email Address			Web Site, if applicable			
norrisfarm.1946@gma	all.COM					
Race and Ethnicity Optional	-					
Caucasion						
Occupation (present employmen	t) If no relevant expe	erience, Non	e or NA must be entered.			
Farming						
Occupational Background (previo	ous employment) If r	no relevant e	experience, None or NA mu	st be entered	1.	
Farming						

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study	
McLoughlin High School EMT Intermediate	12411		Basic	
EMT Intermediate	2 years		EMT	
	8			
Educational Background (other) Attach a separate	sheet if necessary	1		

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

nla

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 249.013 and ORS 249.170)

<

Date Signed

Candidate Filing District

23 SEL 190

rev 08/22 ORS 255.235

This form must be filed with county elections official. All	information must be complet	ed or the form will be re	ejected.
2023 District Election Filing Dates	West 1 - 15 - 14 - 1	45, 2022	
Candidate Filing February 4, 2023 to March 16, 2023	Withdrawal Date March		
This filing is an Original		Amendment	
Office Information			
Filing for Office of: Board Member			,
District, Position or County: Milton Freewater Va	lley Ambalance Di	doid #2	
Filing Information			
Filing with the required \$10.00 fee			
Prospective Petition			
Candidate Information			
Name of Candidate			
First MI Last	Triebwasser	Suffix	
Virginia	I FIE D Wassel		******
How you would like your name to appear on the ballot			
Virginia Trichwasser			
Candidate Residence/Route Address			
Street Address	City m-F	State	Zip 97862
84708 Tum A Lum Road	777-	OR	97862
Candidate Mailing Address and Contact Information			and the second
Street Address or PO Box	City	State	Zip
84708 Tum A Lum Road Work Phone Home Phone	m-F	OR	97862
Work Phone Home Phone 541 - 938 - 5238	Cell Phone 5-41 - 379 - 0834	Fax	
Email Address	Web Site, if applicable		
Lugin 63 @ yahoo, com			
Race and Ethnicity Optional			
nace and Etimenty Optional		110000000000000000000000000000000000000	
Occupation (present employment) If no relevant experience, I	None or NA must be entered.		
Refired			
	<u> </u>		
Occupational Background (previous employment) If no releva	nt experience, None or NA mu	st be entered.	
Registered Nurse	}	.,	
Media Color			
	of the same		
_ v · · · · · · · · · · · · · · · · · ·		,	

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
BMCL	14	ADN	Nursing
Educational Background (other) Attach a	separate sheet if necessary.	1	

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

U.S. Air Force

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