

**Candidate Filing**  
**District**

**SEL 190**

rev 01/21  
ORS 255.235

**i** This form must be filed with county elections official. All information must be completed or the form will be rejected.

**2021 District Election Filing Dates**

**Candidate Filing** February 6, 2021 to March 18, 2021

**Withdrawal Date** March 18, 2021

This filing is an

**Original**

**Amendment**

**Office Information**

Filing for Office of: **Board position #5**

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

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

**Name of Candidate**

First  
**Bruce**

MI  
**D.**

Last  
**Carlson**

Suffix  
**Dr.**

**How you would like your name to appear on the ballot**

**Bruce Carlson, M.D.**

**Candidate Residence/Route Address**

Street Address  
**1551 2nd St.**

City  
**Umatilla**

State  
**OR**

Zip  
**97882**

**Candidate Mailing Address and Contact Information:** At least one phone number and email address is required.

Street Address or PO Box  
**1551 2nd St.**

City  
**Umatilla**

State  
**OR**

Zip  
**97882**

Work Phone  
**541-567-1137**

Home Phone  
**541-561-1039**

Cell Phone  
**541-561-1039**

Fax  
**541-567-2336**

Email Address  
**bcarlson57@gmail.com**

Web Site, if applicable

**Race and Ethnicity** *Optional*

**Caucasian**

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

**Physician, self employed**

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

**Pharmacist, Physician, and Army Officer**

**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
Marquette School of Medicine, Milwaukie, WI		M.D	
Oregon State University		Pharmacist	

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.

Army Officer and 25+ years on the board of the Umatilla Hospital District

**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)

*[Handwritten signature]*

2-17-2021

Date Signed

IS # 3609

Candidate Filing  
District

R

SEL 190

rev 01/16  
ORS 255.235

FEB 21 11:26

**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 Dist #1

District, Position or County: Board member 4

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First <u>Danice</u>	MI <u>R</u>	Last <u>McBee</u>	Suffix	Title <u>MS</u>
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How you would like your name to appear on the ballot

Danice McBee

Candidate Residence/Route Address

Street Address <u>28420 Hwy 730</u>	City <u>umatilla</u>	State <u>OR</u>	Zip <u>97862</u>
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Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box <u>28420 Hwy 730</u>	City <u>umatilla</u>	State <u>OR</u>	Zip <u>97862</u>
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Work Phone <u>n/a</u>	Home Phone <u>541 922 4774</u>	Cell Phone <u>541 571 4770</u>	Fax
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Email Address <u>danicemcbee@mac.com</u>	Web Site, if applicable
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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.

Banker, mortgage loan consultant

**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
Hermiston High	12 yrs	Diploma	general
Northwest Banking School		Certificate	lending

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.

Current member of The Umatilla Hospital ~~Board~~ District Board.

**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



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2/12/2021

Date Signed

For Office Use Only

Initials

DB #1 3611