

Candidate Filing
District

FEB 10 2023

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 Umatilla Co. Ambulance District**

Filing for Office of: **Athena-Weston Ambulance Board Position #4**

District, Position or County: **Umatilla**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Carol	L.	Kirk		

How you would like your name to appear on the ballot

Carol Kirk

Candidate Residence/Route Address

Street Address	City	State	Zip
210 Railroad St.	Weston	Ore	97886

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

Street Address or PO Box	City	State	Zip
P.O. Box 311	Weston	Ore	97886

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

Email Address	Web Site, if applicable
flowerpa.kingrammie.600@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.

farmer

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
Weston High School	12	graduated	general
Educational Background (other) Attach a separate sheet if necessary.			
NA			

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

NA

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)

Ca

Date Signed

For Office Use Only Initials _____

**Candidate Filing
District**

FEB 14 2023 SEL 190

rev 08/22
ORS 255.235

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

2023 District Election Filing Dates

Candidate Filing February 4, 2023 to March 16, 2023

Withdrawal Date March 16, 2023

This filing is an

Original

Amendment

Office Information

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

District, Position or County: Position 1

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Chrys

MI

Last

WERNLUND

Suffix

How you would like your name to appear on the ballot

Chrys Wernlund

Candidate Residence/Route Address

Street Address

419 Harrison St.

City

Helix

State

OR

Zip

97835

Candidate Mailing Address and Contact Information

Street Address or PO Box

PO Box 301

City

Helix

State

OR

Zip

97835

Work Phone

Home Phone

Cell Phone

541-310-8183

Fax

Email Address

HelixRFPD@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

white

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

Building Codes -

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

Paralegal - 20+ yrs

Office Manager - 20+ yrs

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

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
BMCC		Bus. Admin AAS	
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.

Helix Fire Dept. Board 2014-2020
EUC Ambulance 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:

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- All information provided by me on this form is true to the best of my knowledge



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1/19/2023
Date Signed