

**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: **Umatilla County Library District**

District, Position or County: **Director, At Large**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix
Caleb	I	Barron	

How you would like your name to appear on the ballot

Caleb Barron

Candidate Residence/Route Address

Street Address	City	State	Zip
457 Stephens Ave	Umatilla	OR	97882

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

Street Address or PO Box	City	State	Zip
P.O. Box 101	Hermiston	OR	97838

Work Phone	Home Phone	Cell Phone	Fax
		541-371-6879	

Email Address	Web Site, if applicable
kbob.redwall@gmail.com	

Race and Ethnicity *Optional*

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

Private Security Officer

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

Sandwich Artist, Food Processing.

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
Barron Homeschool	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.

NA

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

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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)

03/18/2021

Date Signed

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**Candidate Filing
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APR 15 '21 4:33

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2021 District Election Filing Dates

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Withdrawal Date March 18, 2021

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Original

Amendment

Office Information

Filing for Office of: **District Board of Director**

District, Position or County: **Umatilla County Special Library District**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix
Fatima	R	Machado	

How you would like your name to appear on the ballot

Fatima Machado

Candidate Residence/Route Address

Street Address	City	State	Zip
451 NW 22nd St.	Pendleton	OR	97801

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

Street Address or PO Box	City	State	Zip
451 NW 22nd St.	Pendleton	OR	97801

Work Phone	Home Phone	Cell Phone	Fax
		541-429-0373	

Email Address	Web Site, if applicable
rumbidzai.machado@gmail.com	

Race and Ethnicity *Optional*

Black / African American

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

Assistant Professor for Library Services - Columbia Basin College

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

Librarian - Walla Walla Community College
Graduate Assistant (Suzzallo and Allen Libraries) - University of Washington

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
University of Washington	Graduated	Masters	Library and Information Science
University of Oregon	Graduated	Bachelors of Arts	Psychology
Blue Mountain Community College	Graduated	Associates	AAOT
Pendleton High School	Graduated	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.

None

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

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03/12/2021

Date Signed

IS 3660

Candidate Filing
District

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Candidate Filing February 6, 2021 to March 18, 2021

Withdrawal Date March 18, 2021

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Original

Amendment

Office Information

Filing for Office of: **District Library Board** *Zyros*

District, Position or County: **Umatilla County**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Gabriela

MI

Last

Gonzalez

Suffix

How you would like your name to appear on the ballot

Gaby Gonzalez

Candidate Residence/Route Address

Street Address

512 B 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

512 B St

City

Umatilla

State

OR

Zip

97882

Work Phone

541-567-7130

Home Phone

Cell Phone

541-656-6256

Fax

Email Address

gonsogabz@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

Hispanic

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

Property Manager

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

Patient Financial Services Rep - Good Shepherd

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
Bryman College		Certificate	Medical Assistant
Henry J. Kaiser High School	12	Diploma	General Education
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.
 None

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3/18/21

Date Signed

DS 3698

**Candidate Filing
District**

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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 Member**

District, Position or County: **Umatilla Co Special Library District**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First
John

Mi
E

Last
Thomas

Suffix

How you would like your name to appear on the ballot

John E. Thomas

Candidate Residence/Route Address

Street Address
612 NW 4th St

City
Pendleton

State
OR

Zip
97801

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

Street Address or PO Box
612 NW 4th St

City
Pendleton

State
OR

Zip
97801

Work Phone

Home Phone

Cell Phone
541-969-4436

Fax

Email Address

jthomas.msw@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

Psychiatric Social Worker for Oregon Health Authority

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

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
Walla Walla Univerity		Masters' Degree	Social Work

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.

Elected to UCSLD Board in 2017

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

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Candida

3/1/2021
Date Signed

DS 3629

**Candidate Filing
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2021 District Election Filing Dates

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Original

Amendment

Office Information

Filing for Office of: **Umatilla County Library**

District, Position or County: **Director, At Large, Unexpired Term**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

Jubilee

MI

A

Last

Barron

Suffix

How you would like your name to appear on the ballot

Jubilee Barron

Candidate Residence/Route Address

Street Address

457 Stephens Avenue

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

P.O. Box 101

City

Hermiston

State

OR

Zip

97838

Work Phone

Home Phone

Cell Phone

5419699546

Fax

Email Address

princesslily3390@gmail.com

Web Site, if applicable

Race and Ethnicity *Optional*

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

NA

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

Babysitter

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
Barron Homeschool	12	NA	NA

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.

NA

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03/18/21

Date Signed

DS 3701

**Candidate Filing
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SEL 190

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MAR 17 '21 9:12

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Amendment

Office Information

Filing for Office of: **Director at Large**

District, Position or County: **Umatilla County Special Library District**

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First
Sharone

MI
B

Last
McCann

Suffix

How you would like your name to appear on the ballot

Sharone Pettus McCann

Candidate Residence/Route Address

Street Address

260 Blankenship Dr.

City

Stanfield

State

OR

Zip

97875

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

Street Address or PO Box

P.O. Box 446

City

Stanfield

State

OR

Zip

97875

Work Phone

541-567-1643

Home Phone

541-449-3653

Cell Phone

541-561-8297

Fax

Email Address

shmccann@charter.net

Web Site, if applicable

Race and Ethnicity *Optional*

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

Instructor, Blue Mountain Community College

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

NA

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
Oregon State University		M.Ed.	Adult Education
California State University, Fullerton		B.A.	History
Artesia High School	12	Graduate	

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.

Appointed to City of Stanfield Budget Committee

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

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3/16/2021

Date Signed

DJ 3673