District

SEL 190

rev 01/21 ORS 255.235

2021 District Election Filing D				
Candidate Filing February 6,		Withdrawal Date March 18,	2021	
This filing is an	Original	☐ An	nendment	
Office Information			A CAMPBELL CONTROL OF THE CAMP	
Filing for Office of: Umatil	la County Library Dis	trict		
District, Position or County:	Director, At Large			
iling Information				
Filing with the required \$1	10.00 fee			
Prospective Petition				
Candidate Information			y spinistory conten	
Name of Candidate				
First Caleb	MI La	st arron	Suffix	
44. 49.822. 304. 107.713. 44.930 322. 32	MONES SELECTION OF THE CONTRACT OF THE CONTRAC	LEGINETERS BARTO L. S. 1884	4191970347.61024477073	
How you would like your nar	ne to appear on the ballot			1968
Caleb Barron				
Candidate Residence/Route	Address	THE CONTRACT OF THE CONTRACT O		
Street Address		City	State	Zip
57 Stephens Ave	OBSCIPATION OF THE PARTY OF THE	Umatilla	OR	97882
C-12011000000000000000000000000000000000	nd Contact Information: At leas	st one phone number and email addr	<u> </u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
P.O. Box 101		City Hermiston	State OR	2ip 97838
Work Phone	Home Phone	Cell Phone 541-371-6879	Fax	
Email Address		Web Site, if applicable		
bob.redwall@gmai	I.com			
Race and Ethnicity Optiona				
		- PROMETER TO THE CONTROL OF THE CON	ninskkkeneskininninjuiska , t. e	res travitar
Occupation (present employ	ment) If no relevant experience	, None or NA must be entered.	Top Hosel Lens College	1.3. 1
Private Security Officer	•			
Description of the second second				iga i i i i i i i i i i i i i i i i i i
	revious employment) If no rele	vant experience, None or NA must be	e entered.	et i i ja lävini k
The second secon	Danasalaa			
Occupational Background (p Sandwich Artist, Food	Processing.			

12	Distance	
12	Diploma	

NA

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

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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

0

Warning

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03/18/2021

Date Signed

District

SEL 190

rev 01/21 ORS 255.235

Candidate Filing Februar	ry 6, 2021 to March 18, 2021	Withdrawal Date March 18,	, 2021	
This filing is an	Origi		mendment	
Office Information				
Filing for Office of: Dist	rict Board of Direct	or		
District, Position or Coun	ty: Umatilla County S	Special Library District		
Filing Information	Went:	(1) St. F14 5 St. 11 - 12 St.		
Filing with the require	ed \$10.00 fee			
Prospective Petition				
Candidate Information				
Name of Candidate	<u> </u>			
First	МІ	Last	Suffix	
Fatima	R Machado			
How you would like you	r name to appear on the ball	ot		
Fatima Machado				
Candidate Residence/Ro	oute Address			1100
Street Address		City	State	Zip
451 NW 22nd St		Pendleton	OR	9780
Candidate Mailing Addre	ess and Contact Information:	At least one phone number and email add	ress is required.	4 (1)
Street Address or PO Box 451 NW 22nd St.		city Pendleton	State OR	Zip 97801
Work Phone	Home Phone	Cell Phone 541.4/29-0373	Fax	
Email Address	do@amail.com	Web Site, if applicable		
rumbidzai.macha	do@gmail.com	7		
Race and Ethnicity Opt	ional			
Black / African A				
and the same of th		erience, None or NA must be entered.		
Assistant Professor	for Library Services -	Columbia Basin College		
Occupational Backgroun	nd (previous employment) If	no relevant experience, None or NA must b	e entered.	
Librarian - Walla W	alla Community Colleg	e		
	,	braries) - University of Washingto		

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	

None

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

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03/12/2021

Date Signed

J8 3660

District

Candidate Filing February 6, 2	2021 to March 18, 2021	,	Withdrawal Date March 18	2021		
	Origina			mendmen	•	
This filing is an Office Information	ongine	21		mendinen		
	Library Doord	2				
Filing for Office of: District	-	Zyr	<i>\omega</i>		-	
District, Position or County: U	matilla County					
Filing Information						
Filing with the required \$1	0.00 fee					
Prospective Petition						
Candidate Information						
Name of Candidate					1	
First	МІ	Last	07		Suffix	
Gabriela		Gonzal	<u>ez</u>			
How you would like your nan	ne to appear on the ballot					
Gaby Gonzalez						
Condidate Paridames/Parita	8 al almana					
Candidate Residence/Route A Street Address	Address		City		State	Zip
512 B St			Jmatilla		OR	97882
Candidate Mailing Address ar	nd Contact Information: A	t least one pl	none number and email add	ress is req	uired.	
Street Address or PO Box	,		City		State	Zip
512 B St			Jmatilla		OR	97882
Work Phone	Home Phone		Cell Phone	Fax		
541-567-7130			541-656-6256			
Email Address			Web Site, if applicable			
gonsogabz@gmail.c	com					
Race and Ethnicity Optional	1					
Hispanic						
Occupation (present employe	ment) If no relevant exper	ience, None c	or NA must be entered.			
Property Manager						
Occupational Background (pr			erience, None or NA must b	e entered		
Patient Financial Service	ces Rep - Good She	pnera				
	ces Rep - Good She	pnera				

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Ce	ertificate	Course of Study
Bryman College		Certificate	6	Medical Assistant
Henry J. Kaiser High School	12	Diploma	minus (fig., minus	General Education
Educational Background (other) Attach a sepa				

None

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

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3/18/21

Date Signed

DS 3698

District 1 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** Withdrawal Date March 18, 2021 Candidate Filing February 6, 2021 to March 18, 2021 Original Amendment This filing is an 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 Suffix MI First Last John E Thomas How you would like your name to appear on the ballot John E. Thomas **Candidate Residence/Route Address** City State Zip Street Address 612 NW 4th St Pendleton OR 97801 Candidate Mailing Address and Contact Information: At least one phone number and email address is required. State Zip Street Address or PO Box 612 NW 4th St Pendleton OR 97801 Cell Phone Fax Work Phone **Home Phone** 541-969-4436 Web Site, if applicable **Email Address** ithomas.msw@gmail.com 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.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Walla Walla Univerity		Masters' Degree	Social Work
		1	
Educational Background (other) Attach a sepa	rate sheet if necessary.		
Educational Background (other) Attach a sepa	rate sheet if necessary.		
		rience, None or NA must be ente	ered.
Prior Governmental Experience (elected or a Elected to UCSLD Board in 2017		rience, None or NA must be ente	ered.
Prior Governmental Experience (elected or a		rience, None or NA must be ente	ered.
Prior Governmental Experience (elected or a		rience, None or NA must be ente	ered.
Prior Governmental Experience (elected or a		rience, None or NA must be ente	ered.
Prior Governmental Experience (elected or a		rience, None or NA must be ente	ered.

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	3/1/2021
Candida	Date Signed
	•

D8 3629

District

MAR18 21

SEL 190 rev 01/21 ORS 255.23S

Candidate Filing February 6,	2021 to March 18, 2021	1	Withdrawal Date March 1	.8, 2021		
This filing is an	Ori			Amendmen	t	
Office Information						
Filing for Office of: Umatil	la County Libar	ary				
District, Position or County:	Director, At Larg	e, Unexp	ired Term			
Filing Information						
Filing with the required \$	10.00 fee					
Prospective Petition						
Candidate Information						
Name of Candidate						
_{First} Jubilee	A	Barro	n		Suffix	
How you would like your na	me to appear on the ba	illot				
lubilee Barron		****				
Candidate Residence/Route	Address					
Street Address			City		State	Zip
157 Stephens Aven	ue		Umatilla		OR	97882
Candidate Mailing Address a	and Contact Information	n: At least one	phone number and email ac	ldress is req	uired.	-
Street Address or PO Box P.O. Box 101			City Hermiston		State OR	2ip 97838
Work Phone	Home Phone		Cell Phone 5419699546	Fax	Fax	
Email Address princesslily3390@g	mail.com		Web Site, if applicable			
Race and Ethnicity Options						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Occupation (present employ	ment) if no relevant ex	perience, Non	e or NA must be entered.			
AV						
Occupational Background (p	vevious employment) !	f no relevant o	experience None or NA must	be entered		
Babysitter	negrous employment) 2				Z:: 2	

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 sepa	arate sheet if necessary.			

Prior Govern	rnmental 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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DS 3701

District

SEL 190

rev 01/21 ORS 255.235

Candidate Filing February	6, 2021 to March 18, 2021	Withdrawal Date March 18	, 2021	
This filing is an	Original		mendment	
Office Information				
Filing for Office of: Direct	ctor at Large		distribution and design and deleter to the second	
District, Position or County	: Umatilla County Sp	ecial Library District		
Filing Information				
Filing with the required	\$10.00 fee			**************************************
Prospective Petition				
Candidate Information				
Name of Candidate				
irst MI Last		Last McCann	Suffix	
How you would like your i	name to appear on the ballot			
Sharone Pettus M	cCann			
Candidate Residence/Rou	te Address			221
Street Address		City	State	Zip
260 Blankenship [Stanfield	OR	97875
	s and Contact Information: At	least one phone number and email add		T 7:-
Street Address or PO Box P.O. Box 446		Stanfield	OR State	Zip 97875
Work Phone 541-567-1643	Home Phone 541-449-3653	Cell Phone 541-561-8297	Fax	
Email Address shmccann@charte	er.net	Web Site, if applicable		
Race and Ethnicity Option				
Occupation (present empl	loyment) If no relevant experie	nce, None or NA must be entered.		
	ntain Community College			
Occupational Background	(previous employment) If no re	elevant experience, None or NA must b	e entered.	
NA				

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	

Appointed to City of Stanfield Budget Committee

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3/16/2021

Date Signed

DD 3673