rev 01/21 ORS 255.235

Landidate Filing	A
District	X

1 This form must be filed	with county elections off	ficial. All info	ormation must be completed	or the form	n will be re	jected.
2021 District Election Filing	Dates					
Candidate Filing February 6	i, 2021 to March 18, 2021		Withdrawal Date March 1	8, 2021		
This filing is an	Origin	nal		Amendmer	t	
Office Information						
Filing for Office of: Board	l position #5					
District, Position or Cou <mark>nty:</mark>	Umatilla Hospital	District	#1			
Filing Information			S. Carlotte			
Filing with the required \$	10.00 fee					
Prospective Petition						
Candidate Information						
Name of Candidate						
First	MI	Last			Suffix	
Bruce	D.	Carls	on		Dr.	
How you would like your na	ame to appear on the ballo	ot				
Bruce Carlson, M.D	D.					
Candidate Residence/Route						
Street Address	: Address		City		State	Zip
1551 2nd St.			Umatilla		OR	97882
Candidate Mailing Address	and Contact Information:	At least one	phone number and email ad	dress is req	uired.	
Street Address or PO Box			City		State	Zip
1551 2nd St.			Umatilla		OR	97882
Work Phone 541-567-1137	Home Phone 541-561-1039	9	Cell Phone 541-561-1039	Fax 54	1-567-2	2336
Email Address			Web Site, if applicable			
bcarlson57@gmail.	.com					
Race and Ethnicity Option	nal					
Caucasian						
Occupation (present emplo	wment) if no relevant eyns	erience Non	e or NA must be entered			
Physician, self employ		ericitee, rron	e of the things be officered.			
r riyorolari, och employ	, o a					
Occupational Background (previous employment) If r	no relevant e	experience, None or NA must	be ent er ed		
Pharmacist, Physician						
, , , = =====	•					

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)

2-17-2021

Date Signed

DS # 3609

Candidate Filing District				22.22	SEL 190 rev 01/16 ORS 255.235
3 All information must be comp	leted or the form w	ill be rejected.		111 111	
This filing is an	Origin	nal	Amendment		
Office Information					
Filing for Office of: Umati	11a Hospi	ital Dist #1			
District, Position or County:	card Mer	nber 4			
Filing Information					· · · · · · · · · · · · · · · · · · ·
Filing with the required \$10.00	fee				
Prospective Petition					
Candidate Information		1 (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6			
Name of Candidate			in the second se		
Panice	MIR	Last MCBee	S	uffix	Title MS
How you would like your name to	A COURT HIS COURT OF THE PARTY				i grijnāsā
Danice Mc	Bee				
Candidate Residence/Route Addre	SS .				
Street Address 28420 HWY 7	36	City Umatill		tate OR	Zip 97882
Candidate Mailing Address and Co	THE RESERVE OF THE PARTY OF THE		red.		
Street Address or PO Box 28420 Hwy 73	0	Umatille	i s	tate	Zip 97882
	Home Phone 541 922 4	Cell Phone 57 541 57	1477D Fax		
Email Address clanice mcbe	e amac	Web Site, if applic	able		
Occupation (present employment)			ered.		
Retired					
Occupational Background (previous	s employment) If no	o relevant experience, None or N	NA must be entered.		
Banker, M	ortgage	Loan Cons	WITANT		

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. Our nerr Member of The Umit I like Hospital ### Dim distributions of total 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). y 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)	Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
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