Candidate Filing

District

SEL 190

rev 01/21 ORS 255.235

1 This form must be filed with cou	inty elections official. Al	l information must be completed	or the form will be rej	jected.
2021 District Election Filing Dates				
Candidate Filing February 6, 2021 to	March 18, 2021	Withdrawal Date March 1	18, 2021	
This filing is an	☑ Original		Amendment	
Office Information				
Filing for Office of:	Rural Fire	District, Board	Position #3	
District, Position or County:	atilla Rival 7	District, Board Free Deshit, Board F	despire #3, L	max 11/a Compa
Filing Information				/
Filing with the required \$10.00 fee	}			
Prospective Petition				
Candidate Information			-	
Name of Candidate				
First Kyle	MI Q. Last	'Sipe	Suffix	
How you would like your name to ap	pear on the ballot			T
Kyle Sipe				
Candidate Residence/Route Address				
Street Address Rio Senda		Umatilla	State	Zip 97882
Candidate Mailing Address and Cont	act Information: At least	one phone number and email ad	ldress is required.	
Street Address or PO Box 120 Rio Senda		Umatilla	State	2ip 97882
	me Phone Sauce	Cell Phone	Fax	
Email Address Kyle Sipe & Synor 9Mo	il. Con	Web Site, if applicable		
Race and Ethnicity Optional				
Occupation (present employment) If	no relevant experience,	None or NA must be entered.		
Teacher				
Occupational Background (previous	employment) If no releva	ant experience, None or NA must	be entered.	
Teacher				

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	
Kettle Falls High School	2tc	High School Diploma	Conval	
Easten Wishington University	BA - Bullelons	BA - Education	Education	
Grand Conjon Oniversity	Masters	MA-Education	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.

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)

40 2017

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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		Amendment	
Office Information				
Filing for Office of Umati	lla Rural Fire Prote	ction District		
District, Position or County:	Position #2			
Filing Information				
Filing with the required \$	510.00 fee			
Prospective Petition				
Candidate Information				
Name of Candidate	X-10-			
First	MI	Last	Suffix	
Robert	L	Holden	H	
How you would like your na	me to appear on the ballot			
Robert Holden				
			74.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	
Candidate Residence/Route	Address		1	1
Street Address 234 jefferson St		City Umatilla	State OR	Zip 97882
	and Contact Information: At	least one phone number and email a		01002
Street Address or PO Box		City	State	Zip
234 Jefferson St		Umatilla	OR	97882
Work Phone	Home Phone	Cell Phone 541-922-8107	Fax	
Email Address		Web Site, if applicable		
bears1033@hotma	il.com			
Race and Ethnicity Option	al			
	The same of the sa	nce, None or NA must be entered.		
Correction Officer TRO	CI			
Occupational Background (p	orevious employment) If no r	elevant experience, None or NA mu	st be entered.	

Educational Background (schools attended) If r	io relevant experience, Nor	ne or NA must be entered.	
Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Umatilla High School	12	Diploma	
Educational Background (other) Attach a separa	te sheet if necessary.		

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

Umatilla Rural Fire Protection District Board of Directers 2012-2019

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

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3-7-21

Date Signed

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Rec # 3644 ONK # 11906

Candidate Filing District

SEL 190 rev 01/21

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2021 District Election Filing Dates	normation must be completed of the loc	in win be rejected.
Candidate Filing February 6, 2021 to March 18, 2021	Withdrawal Date March 18, 2021	
This filing is an Original	Amendme	ont .
Office Information	Amenanc	
Filing for Office of: Director		
District, Position or County: Umatilla Fire District 7-4	05 Position 1	
Filing Information		
Filing with the required \$10.00 fee		
Prospective Petition		
Candidate Information		
Name of Candidate		
First - MI Last	COAFELL	Suffix MS ,
How you would like your name to appear on the ballot		
Taya Coffey		
Candidate Residence/Route Address		
Street Address 401 Monyoe St	cityUmatila	State Zip
Candidate Mailing Address and Contact Information: At least o	ne phone number and email address is re	quired.
Street Address or PO Box	Umatila	State Zip 97882
Work Phone Home Phone 541-303-3385	Cell Phone Fa	х
Email Address Talla Oriann 19 Egmail. Com	Web Site, if applicable	
Race and Ethnicity Optional		
Black/African American	1	
Occupation (present employment) If no relevant experience, No.	one or NA must be entered.	
Office Specialist II/Two Ri	ivers correctiona	l Institution
Occupational Background (previous employment) If no relevan	t experience, None or NA must be entere	d.
-Student		
- Covections		

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	
Umatilla thigh School	12	Diploma	General Studies	
Western Oregon University	Junior		Human bio/ Mis	
j i				
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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3/15/202