# PORTOF MORROW

FEB 2 7 2025 RC# 43355

2025 District Election Filing Dates					
Candidate Filing February 8, 2025 to	March 20, 2025	Withdrawal Date M	arch 20, 2025		
This filing is an	Original		Amendme	ent	
Office Information					
Filing for Office of: Port of Morr	ow, Position 1				
District, Position or County: Comm	nissioner, Positior	า 1			
Filing Information					
Filing with the required \$10.00 fe	е				
Prospective Petition					
Candidate Information  Name of Candidate					
Richard	МI <b>А</b>		Stokoe	!	
How you would like your name to a	opear on the ballot				
Rick Stokoe					
Candidate Residence/Route Address			14.75		
Street Address		City		State	Zip
217 Sandy CT		Boardman		OR	97818
Candidate Mailing Address and Cont	act Information Do not us	e an address that has been	exempt from d	isclosure.	
Street Address or PO Box		City		State	Zip
217 Sandy CT		Boardman	<u> </u>	OR	97818
Work Phone	Home Phone		Cell Phone <b>541-21</b>	2-552	3
Email Address		Web Site, if applicabl	е		
sharkoe@hotmail	.com				
Race and Ethnicity Optional					
Occupation (present employment) If	no relevant experience, N	one or NA must be entered	i,		
Chief of Police, Boardman, O					ort piller og gretteret i Americanisk plant i tillet å tillet grette g
Occupational Background (previous	employment) If no relevar	nt experience, None or NA r	nust be entered		
N/A					

Educational Background (schools attended) If	no relevant experience, Non	e or NA must be entered.	
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
N/A			
Educational Background (other) Attach a separa	ata shoot if nacassary	- Company Control of C	
	ate sheet ii necessary.		
N/A			
Prior Governmental Experience (elected or app	oointed) If no relevant exper	ience, None or NA must be ente	red.
Port of Morrow- Appointed/Elected			
MCURD - Elected			
Campaign Finance Information			
A candidate must file a Statement of Organization no	at later than three husiness days	of first receiving a contribution or r	naking an evnenditure and no
later than the deadline for filing a nominating petitio	n, declaration of candidacy, or o	ertificate of nomination, whichever	occurs first, unless they
meet the criteria for an exemption. To meet the criteria and not expect to spend or receive more than \$1,500			
If you have an existing candidate committee you must			
includes changes to the election you are active in and		meation not later than 10 days after	a change in information. This
See the Campaign Finance Manual for the procedura	l and legal requirements of esta	blishing and maintaining a candidat	e committee.
Residence Address Exemption			
To exempt your residence address from public disclo a Residence Address Exemption MUST include a publ			
I don't want my residence address to be disc	· ·		
Candidate Attestation			
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 tru	ie 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/o	r prison for up to 5 years.
(ORS 260.715). A person may only file for one filings are invalid. (ORS 249.013 and ORS 249		ection. Unless the person has withdr	awn from the first filing, <b>all</b>
			/
			Z/21/25
			Date Signed

**SEL 190** 

rev 02/25 ORS 255.235

1 This form must be filed with county el	ections official. All info	ormation must be comp	oleted or the forr	n will be rejec	ted.
2025 District Election Filing Dates					
Candidate Filing February 8, 2025 to March	20, 2025	Withdrawal Date Ma	arch 20, 2025		
This filing is an	Original		Amendmer	nt	
Office Information					
Filing for Office of: Port Of Morrow					
District, Position or County: Port Comr	nission Positi	on l			
Filing Information					
Filing with the required \$10.00 fee					
Prospective Petition					
Candidate Information					
Name of Candidate					
First	MI		Last		
Joseph	Fletcher		Hobbs		
How you would like your name to appear o	on the ballot				
J Fletcher Hobbs					
Candidate Residence/Route Address					
Street Address		City		State	Zip
286 Shoreline Drive		Boardman		OR	97818
Candidate Mailing Address and Contact Inf	<b>ormation</b> Do not use ar	address that has been	exempt from dis	sclosure.	
Street Address or PO Box		City		State	Zip
PO Box 909		Irrigon		OR	97844
Work Phone	Home Phone		Cell Phone		
(541)377-3349			(541)377	7-3349	
Email Address		Web Site, if applicabl	e		
jfletcherhobbs@yahoo.c	om		*		
Race and Ethnicity Optional					
Occupation (present employment) If no rela	evant experience, None	or NA must be entered	d.	3-7-17	THE STATE OF
Owner/manager CFS, LLC in Boa	rdman Oregon.				
Occupational Background (previous employ	yment) If no relevant ex	perience, None or NA	must be entered.		
36 years of work experience in colyears have included management			ral fields. The	e last 20 of	those

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
Ellensburg High School	12	yes	·
n/a			
n/a			
n/a			
Educational Background (other) Attach a separate	sheet if necessary.		
Prior Governmental Experience (elected or appo	inted) If no relevant exper	ience, None or NA must be ente	red.
n/a			
Campaign Finance Information		10 10	
A candidate must file a Statement of Organization not later than the deadline for filing a nominating petition, meet the criteria for an exemption. To meet the criteria and not expect to spend or receive more than \$1,500 d	declaration of candidacy, or o a, the candidate must serve a	certificate of nomination, whichever s their own treasurer, not have an ex	occurs first, unless they kisting candidate committee,
If you have an existing candidate committee you must a includes changes to the election you are active in and t			a change in information. This
See the Campaign Finance Manual for the procedural a	nd legal requirements of esta	blishing and maintaining a candidate	e committee.
Residence Address Exemption			
To exempt your residence address from public disclosu a Residence Address Exemption MUST include a public	re, complete form <u>SEL 180 – I</u> y disclosable mailing address	Residence Address Exemption Reque See the Candidates Manual for furt	est. The request for her information.
I don't want my residence address to be disclo	sed. I will be filing a separ	ate <u>SEL 180 – Residence Address Exe</u>	emption Request.
Candidate Attestation			
By signing this document, I hereby state that:		ē.	
<ul> <li>→ I will qualify for said office if elected;</li> <li>→ All information provided by me on this form is true</li> </ul>	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. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

March le, 2025

Date Signed

**SEL 190** 

2025.36

District

0 6 2025 SEE 150 rev 02/25 ORS 255.235

Candidate Filing February 8, 2025 to Mar	ch 20, 2025	Withdrawal Date M	arch 20, 2025	
This filing is an	Original		Amendment	
Office Information				
Filing for Office of: Position #  District, Position or County: Movou  Filing Information	1 Port	WGYYOM TO	Board.	
District, Position or County: Morrow	o County			
Filing Information	9			
Filing with the required \$10.00 fee				
Prospective Petition				
Candidate Information				
Name of Candidate				
First	MI		Last	
Heather	Lee	Ann	Bishop	
How you would like your name to appear	r on the ballot			All Control of the Co
Heather Bishop				
Candidate Residence/Route Address				
Street Address		City	State	Zip
305 NE Tenth	5t.	IVY:gon	OR	97844
Candidate Mailing Address and Contact I	ender in the contract of the c	se an address that has beer	n exempt from disclosure.	
Street Address or PO Box		City	State	Zip
Same				
Work Phone	Home Phone		Cell Phone	
(541) 571-4960	Same		Same	
Email Address		Web Site, if applicable	e	
Shbishop123@GW	nail com	·		
Race and Ethnicity Optional				
Race and Ethnicity Optional				
Occupation (present employment) If no re	elevant experience, N	lone or NA must be entere	d.	
	~			
Morrow County School	District S	upstitute		
Morrow County School Occupational Background (previous empl			must be entered.	

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study 🗼 🔒
BMCC		AAOT	Teaching /Psychol
EDU		"incompute	Sand
Educational Background (other) Attac	h a separate sheet if necessary.		
Prior Governmental Experience (elect	red or appointed) If no relevant expe	rience, None or NA must be ente	red.

#### **Campaign Finance Information**

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 \$1,500 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.

#### **Residence Address Exemption**

To exempt your residence address from public disclosure, complete form <u>SEL 180 – Residence Address Exemption Request</u>. The request for a Residence Address Exemption MUST include a publicly disclosable mailing address. See the Candidates Manual for further information.

I don't want my residence address to be disclosed. I will be filing a separate SEL 180 – Residence Address Exemption Request.

#### **Candidate Attestation**

By signing this document, I hereby state that:

- → I will qualify for said office if elected;
- ightarrow 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. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)

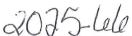
2-26-25 Date Signed District

rev 02/25 ORS 255.235

1 This form must be filed with county elections of	ficial. All informa	tion must be comp	leted or the form	n will be reject	ed.
2025 District Election Filing Dates					
Candidate Filing February 8, 2025 to March 20, 2025	W	thdrawal Date Ma	rch 20, 2025		
This filing is an Origi	inal		Amendmen	it	, w
Office Information					
Filing for Office of: Port of Morrow	Port Con	nission			
Filing for Office of: Port of Morrow 1  District, Position or County: Position 2	2				
Filing Information					
Filing with the required \$10.00 fee					
Prospective Petition					
Candidate Information Name of Candidate					
First MI	1		Last		
Daniel	/		Last	ins	
How you would like your name to appear on the ball	ot				
Danny Kerns					
Candidate Residence/Route Address					
Street Address	Cit	Boardman		State PR	Zip 97818
78892 Eastregaard 10		Soardman		DIX.	17818
Candidate Mailing Address and Contact Information	Do not use an add	ress that has been	exempt from dis	closure.	
Street Address or PO Box	Cit	У		State	Zip
Same as above					
Work Phone Home Ph	hone		Cell Phone		
			541-40	3-1983	
Email Address	W	eb Site, if applicable			
danny@kernsbrothers, com					
Race and Ethnicity Optional			A CONTRACTOR		
WA			4		
Occupation (present employment) If no relevant expe	erience, None or I	IA must be entered			
Owner Kerns Bro	ther5				
Occupational Background (previous employment) If n	no relevant exper	ence, None or NA n	nust be entered.		
. / ^					
N /4					

Educational Packground (ash as a strand of 15 -	o rolovant ovnerience New	o or NA must be entered	
<b>Educational Background (schools attended)</b> If no Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
M/A	Last Grade Completed	Dipioma/Degree/certificate	Course or study
Educational Background (other) Attach a separat	e sheet if necessary.		
NA			
Prior Governmental Experience (elected or appo	<b>pinted)</b> If no relevant exper	ience, None or NA must be ente	red.
NA			
Campaign Finance Information			
A candidate must file a Statement of Organization not later than the deadline for filing a nominating petition, meet the criteria for an exemption. To meet the criteri and not expect to spend or receive more than \$1,500 c	, declaration of candidacy, or o a, the candidate must serve a during the entire calendar yea	ertificate of nomination, whichever s their own treasurer, not have an ex r (including in-kind contributions and	occurs first, unless they xisting candidate committee, d personal funds).
If you have an existing candidate committee you must includes changes to the election you are active in and t	the office you are running for.		,
See the Campaign Finance Manual for the procedural a	and legal requirements of esta	bilshing and maintaining a candidate	s committee.
Residence Address Exemption			
To exempt your residence address from public disclosumance and public disclosumance and public and public and twent my residence address to be disclosure.	ly disclosable mailing address	. See the Candidates Manual for furt	her information.
	osed. I will be filling a separa	SEL 100 - Residence Address Like	imption request.
Candidate Attestation			
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	a and a second	
Warning Supplying false information on this form may r (ORS 260.715). A person may only file for one l filings are invalid. (ORS 249.013 and ORS 249.1	lucrative office at the same ele		
		-	
		M	1 203
		<u> </u>	2 6 20 25 Date Signed

### Candidate Filing District



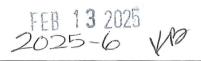
MAR 2 0 2025

rev 02/25

This form must be filed with county elections official. All information must be completed or the form will be rejected. 2025 District Election Filing Dates Withdrawal Date March 20, 2025 Candidate Filing February 8, 2025 to March 20, 2025 X Original Amendment This filing is an Office Information fort of Morrow Filing for Office of: District, Position or County: Stron #2 **Filing Information** X Filing with the required \$10.00 fee Prospective Petition **Candidate Information** Name of Candidate Last First Seastone Kaymond How you would like your name to appear on the ballot Raymond Seastone Candidate Residence/Route Address zip 97844 Street Address 165 SW Utah avenue Imagon Candidate Mailing Address and Contact Information Do not use an address that has been exempt from disclosure. Street Address or PO Box City State 97844 165 SW Utah avenue Imagon OR Work Phone Home Phone Cell Phone 541-676-9884 503-313-3934 **Email Address** Web Site, if applicable r seastone agmail. Com Race and Ethnicity Optional Occupation (present employment) If no relevant experience, None or NA must be entered. Assistant Vice President / New Construction Loan Officer Bank of Eastern Occupational Background (previous employment) If no relevant experience, None or NA must be entered Danking, Intel

Educational Background (schools attended) Complete name of School		i e	law to
Steraven State College	Last Grade completed  U.U.S	Diploma/Degree/Certificate	Course of Study
Stagital State whole	9 4.003	Composur oxoce	Unique Science
Educational Background (other) Attach a sep	parate sheet if necessary.		
Prior Governmental Evnerience (alacted or	annointed) If no relevant even	iones News or NA mount be and	
Prior Governmental Experience (elected or	appointed) if no relevant expe	ience, None or NA must be ent	erea.
None			
Campaign Finance Information			[
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 peti	tion, declaration of candidacy, or	certificate of nomination, whicheve	r occurs first, unless they
meet the criteria for an exemption. To meet the criteria and not expect to spend or receive more than \$1,5	riteria, the candidate must serve a 500 during the entire calendar yea	s their own treasurer, not have an e r (including in-kind contributions ar	existing candidate committee, and personal funds).
If you have an existing candidate committee you n	nust amend the statement of orga		· · · · · · · · · · · · · · · · · · ·
includes changes to the election you are active in a			
See the Campaign Finance Manual for the procedu  Residence Address Exemption	iral and legal requirements of esta	blishing and maintaining a candida	te committee.
	J		
To exempt your residence address from public disc a Residence Address Exemption MUST include a pu	closure, complete form <u>SEL 180 – I</u> ublicly disclosable mailing address	Residence Address Exemption Requ See the Candidates Manual for fur	est. The request for ther information.
I don't want my residence address to be d			
Candidate Attestation			
By signing this document, I hereby state that:			
<ul><li>→ I will qualify for said office if elected;</li><li>→ All information provided by me on this form is:</li></ul>	true to the best of my knowledge		
Warning		, , , , , , , , , , , , , , , , , , ,	
Supplying false information on this form m	ay result in conviction of a felony	with a fine of up to \$125,000 and/o	r prison for up to 5 years.
(ORS 260.715). A person may only file for of filings are invalid. (ORS 249.013 and ORS 24	me lucrative office at the same ele 19.170)	ction. Unless the person has withdi	'awn from the first filing, <b>all</b>
		1000	
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			^^ \

## Candidate Filing District



SEL 190 rev 06/24 ORS 255.235

1 This form must be filed with county 6	elections official. All inf	ormation must be comp	leted or the form	n will be reje	cted.
2024 District Election Filing Dates					
Candidate Filing July 18, 2024 to August 2	7, 2024	Withdrawal Date Au	gust 27, 2024		
This filing is an	Original		Amendmer	nt	
Office Information					
Filing for Office of:	Morrow Direc	fos			
District, Position or County: Position	3				
Filing Information					
Filing with the required \$10.00 fee					
Prospective Petition					
Candidate Information Name of Candidate					
First	MI		Last		
Joel	R	·	Peters	son	
How you would like your name to appear	on the ballot				
Joel R	Peterson				
Candidate Residence/Route Address					
Street Address		City		State	Zip
65528 Halvorsen	Ln	Ione		OR	97843
Candidate Mailing Address and Contact In	ormation			·	
Street Address or PO Box		City		State	Zip
P.O. Box 302		Ione		OR	97843
Work Phone	Home Phone		Cell Phone		
541-561-7496			541-5	61-74	96
Email Address		Web Site, if applicable	!		
joelea 2 @ mac.	com				
Race and Ethnicity Optional					
Occupation (present employment) If no rel	evant experience, None	or NA must be entered			
Sarmer					
Occupational Background (previous employ	<b>/ment)</b> If no relevant ex	xperience, None or NA m	nust be entered.		
self employed					

Educational Background (schools attended)	If no relevant experience, Non	e or NA must be entered.	
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Pacific Lutheras and		Degree	BS Engineers Physics
Ione High School	12		
Educational Background (other) Attach a sepa	arate sheet if necessary.		
Prior Governmental Experience (elected or a		rience, None or NA must be ente	erea.
Ione School Board - elucted			
Morros County Planning Commission Fire District - elected	in- appointed		
Jone Fire District - elected			
Port of Morrow - appointed			
Campaign Finance Information			
A candidate must file a Statement of Organization later than the deadline for filing a nominating peti meet the criteria for an exemption. To meet the cand not expect to spend or receive more than \$75	tion, declaration of candidacy, or riteria, the candidate must serve a	certificate of nomination, whicheve as their own treasurer, not have an	r occurs first, unless they existing candidate committee,
If you have an existing candidate committee you r includes changes to the election you are active in	nust amend the statement of orga	anization not later than 10 days afte	
See the Campaign Finance Manual for the procedu	ural and legal requirements of est	ablishing and maintaining a candida	te committee.
Residence Address Exemption			
To exempt your residence address from public dis Residence Address Exemption MUST include a pul	closure, complete form <u>SEL 180 –</u> blicly disclosable mailing address.	Residence Address Exemption Requ See the Candidates Manual for furt	uest. The request for a her information.
I don't want my residence address to be	disclosed. I will be filing a sepa	rate <u>SEL 180 – Residence Address E</u>	xemption Request.
Candidate Attestation			
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	e	
Warning Supplying false information on this form r (ORS 260.715). A person may only file for filings are invalid. (ORS 249.013 and ORS)	one lucrative office at the same e	y with a fine of up to \$125,000 and/ election. Unless the person has with	or prison for up to 5 years. drawn from the first filing, all

District 43490

2025-47

🚺 This form must be filed with county elections official. All information must be completed or the form will be rejected. 2025 District Election Filing Dates Candidate Filing February 8, 2025 to March 20, 2025 Withdrawal Date March 20, 2025 Noriginal | Amendment This filing is an Office Information Port of Morrow #3 Filing for Office of: District, Position or County: **Filing Information** Kiling with the required \$10.00 fee Prospective Petition **Candidate Information** Name of Candidate MI Abraham McNamee. How you would like your name to appear on the ballot Abe McNamee Candidate Residence/Route Address City Street Address State Irrigon 97844 74925 Depot Lane Candidate Mailing Address and Contact Information Do not use an address that has been exempt from disclosure. Street Address or PO Box State Zip 97844 Irrigan PO BOX 987 OR Cell Phone Work Phone Home Phone 541 314 8724 **Email Address** Web Site, if applicable abemonamee c gmail.com Race and Ethnicity Optional Occupation (present employment) If no relevant experience, None or NA must be entered. Farmer Business Owner Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Educational Background (schools attended) If n	o relevant experience. Non	e or NA must be entered.	
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Biverside Hah School	12 th	HS Diploma	
The state of the s			
		1	<u> </u>
Educational Background (other) Attach a separat	te sheet if necessary.		
Prior Governmental Experience (elected or appe	pinted) If no relevant expe	rience. None or NA must be ente	red.
West Extension Imgation	District - Ele	cted-2016 - ore	sent
ucest External magenta			
Campaign Finance Information			
A candidate must file a Statement of Organization not			
later than the deadline for filing a nominating petition meet the criteria for an exemption. To meet the criter			
and not expect to spend or receive more than \$1,500	. 150		
If you have an existing candidate committee you must			a change in information. This
includes changes to the election you are active in and			
See the Campaign Finance Manual for the procedural	and legal requirements of esta	ablishing and maintaining a candidat	e committee.
Residence Address Exemption			
To exempt your residence address from public disclosi a Residence Address Exemption MUST include a public			The state of the s
I don't want my residence address to be discl			
Candidate Attestation	oscu. i wiii be liillig a sepai	att of the mediatice Address Ex	emption request.
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	e to the best of my knowledge		
Warning			
Supplying false information on this form may (ORS 260.715). A person may only file for one			
filings are invalid. (ORS 249.013 and ORS 249.		ection. Offiess the person has withdr	awii iroiii the first filing, an
			T 1
			3/10/2005
			Date Signed