

**Candidate Filing  
District**

**SEL 190**

rev 12/24  
ORS 255.235

**i** 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

2025 FEB 28 16:04

This filing is an

**Original**

**Amendment**

**Office Information**

Filing for Office of: **BOARD MEMBER**

District, Position or County: **UMATILLA HOSPITAL DISTRICT**

*Pos #5*

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

**Name of Candidate**

First

**BRUCE**

MI

**D**

Last

**CARLSON**

**How you would like your name to appear on the ballot**

**DR. BRUCE CARLSON**

**Candidate Residence/Route Address**

Street Address

**1551 2ND STREET**

City

**UMATILLA**

State

**OR**

Zip

**97882**

**Candidate Mailing Address and Contact Information**

Street Address or PO Box

**1551 2ND STREET**

City

**UMATILLA**

State

**OR**

Zip

**97882**

Work Phone

**NONE**

Home Phone

**(541)922-4967**

Cell Phone

**(541)561-1039**

Email Address

**bcarlson57@gmail.com**

Web Site, if applicable

**Race and Ethnicity *Optional***

**caucasian**

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

**Retired**

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

**RETIRED FAMILY PRACTICE PHYSICIAN**

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
Marshfield High School	12	Diploma	PRE -COLLEGE
OREGON STATE UNIVERSITY	SENIOR	BS	PHARMACY
MEDICAL COLLEGE OF WISCONSIN	SENIOR	MD	MEDICINE
OREGON HEALTH SCIENCES UNIVERSITY	2ND YEAR		GENERAL AND INTERNAL MEDICINE
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.**  
 Board member of Umatilla Hospital District for past 20 years.

**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 \$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.

**Residence Address Exemption**  
 To exempt your residence address from public disclosure, complete form [SEL 180 – Residence Address Exemption Request](#). 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;  
 → 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)

2/10/2025  
 \_\_\_\_\_  
 Date Signed

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