Candidate Filing

MAR 18 2025

SEL 190

rev 12/24 ORS 255.235

District

Relations

WASCO COUNTY OF FRE 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 This filing is an Original Amendment Office Information Filing for Office of: Board of directors, White River Health District dba Deschutes Rim Health Clinic District, Position or County: White River Health District Director, Position 1 Filing Information Filing with the required \$10.00 fee Prospective Petition **Candidate Information** Name of Candidate First MI **Bechtol** Allison How you would like your name to appear on the ballot Allison J Bechtol **Candidate Residence/Route Address** Street Address City State Zip Maupin 612 Elrod Ave OR 97037 **Candidate Mailing Address and Contact Information** Street Address or PO Box City State Zip Maupin PO Box 412 OR 97037 **Work Phone** Home Phone Cell Phone 541-993-0648 **Email Address** Web Site, if applicable bechtolrandyallison@gmail.com Race and Ethnicity Optional 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. Owner/Operator Maupin Market 30+ years in Health Insurance (Regence, LifeWise, Moda) Director of Provider Contracting and Provider

Educational Background (schools attende	d) If no relevant experience, Nor	ie or NA must be entered.	
Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Portland State Univ		BS Health Education	
Educational Background (other) Attach a s	separate sheet if necessary.		L
Prior Governmental Experience (elected	or appointed) If no relevant expe	rience, None or NA must be ente	red.
Board Member (Secretary) White	River Health District x 2	years	
Maupin Area Chamber Présiden	t x 10 years	•	
Campaign Finance Information			
A candidate must file a Statement of Organizat			
later than the deadline for filing a nominating			
meet the criteria for an exemption. To meet the and not expect to spend or receive more than			
If you have an existing candidate committee yo	,,		a change in information. Th
includes changes to the election you are active			
See the Campaign Finance Manual for the proc	edural and legal requirements of est	ablishing and maintaining a candidat	e committee.
Residence Address Exemption			
To exempt your residence address from public Residence Address Exemption MUST include a			
I don't want my residence address to b			
Candidate Attestation	3		
By signing this document, I hereby state that:			
→ I will qualify for said office if elected;			
→ All information provided by me on this form	n is true to the best of my knowledge	2	
Warning			
Supplying false information on this for (ORS 260.715). A person may only file			
filings are invalid. (ORS 249.013 and O		icedon. Offices the person has witht	iawii irom uie mat ming, a n

16/25 Data Signed

Candidate's Signature