

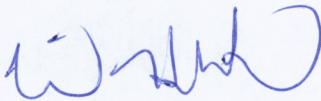
CITY OF
ASHLAND

7/28/2020

James Lewis
640 A Street
Ashland OR 97520

A completed petition, with the required signature sheets properly certified by the county elections office has been received and is filed with the City Recorder's Office for Parks Commissioner Position #2.

Please let me know if I can be of any further assistance during this upcoming election time.



Melissa Huhtala
City Recorder



Petition Submission

Candidate, Voters' Pamphlet

SEL 338

rev. 08/18

OAR 165-010-0005, 165-016-0000

→ This form must be completed and filed with any submission of signatures.

Filing Officer

State County For both county and district petitions. City

Election Type

Primary General Special Election

Year: 2018 2019 2020

Petition Information

Petition ID/Candidate's Name: **JIM LEWIS**

Type: Candidate Nominating Voters' Pamphlet, Candidate Voters' Pamphlet, Measure

Type of Filing

Candidate Nominating

Voters' Pamphlet, Candidate

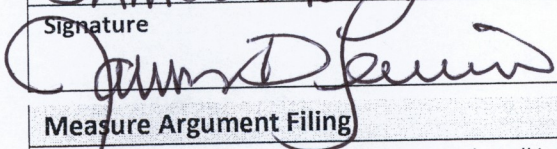
Voters' Pamphlet, Measure

Number of Signatures Submitted

32

Candidate's Nominating/Voters' Pamphlet Filing

→ By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge.

Name	Contact Phone	Email Address
JAMES D LEWIS	541-944-2265	jimlewis31007@gmail.com
Signature		Date Signed
		7.22.2020

Measure Argument Filing

→ By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge.

Name	Contact Phone	Email Address
Signature		Date Signed

For office use only

Submittal number	Number of signatures accepted
Is the petition complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be additional submittals? <input type="checkbox"/> Yes <input type="checkbox"/> No

Petition Information

Petition Name : Ashland Parks Commission Pos 2 Jim Lewis
Petition Date : 07/19/2020 **Date Filed :** 07/19/2020
End Circulation Date : 07/22/2020
Minimum Signatures Required : 25 **Accepted Of Minimum :** (124.00%)
Total Signatures Processed : 32

Processing Summary Sample: All		
Total Accepted Signatures :	31	(97%) Of Those Processed
Total Rejected Signatures :	1	(3%) Of Those Processed
Accepted Reason	Total	(% Rejected)
Valid Signature	31	(100%)
Rejected Reason	Total	(% Rejected)
Signatures Do Not Match	1	(100%)

Candidate Filing
Major Political Party or Nonpartisan

SEL 101
rev 01/20
ORS 249.031

Filing Dates		Candidate Filing		Candidate Withdrawal	
Primary Election May 19, 2020	First Day to File	September 12, 2019		March 13, 2020	
	Last Day to File	March 10, 2020			
General Election November 3, 2020	First Day to File	June 3, 2020		August 28, 2020	
	Last Day to File	August 25, 2020			

Filing Information

This filing is an Original Amendment

Office Information

Filing for Office of: **PARKS COMMISSIONER # 2 Ashland**

District, Position or County: **JACKSON**

Party Affiliation: Democratic Party Republican Party Nonpartisan

Incumbent Judge (for judicial candidates only): Yes No Nondisclosure on file

Filing Method

Fee

Office	Filing Fee	Office	Filing Fee
United States President	n/a	District Attorney	\$50
United States Vice President	n/a	County Judge	\$50
United States Senator	\$150	MSD Executive Officer, MAD Director	\$100
United States Representative	\$100	MSD Councilor	\$25
Statewide Offices	\$100	County Office	\$50
State senator or Representative	\$25	City Office	Set by charter or ordinance
Circuit Court Judge	\$50	Justice of the Peace	n/a

Prospective Petition, in lieu of filing fee Some circulators may be paid Yes No

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
JAMES	D	LEWIS		

How you would like your name to appear on the ballot
JIM LEWIS

Candidate Residence / Route Address

Street Address	City	State	Zip	County
640 A STREET	Ashland	OR.	97520	JACKSON

Candidate Mailing Address and Contact Information Only one phone number and an email is required.

Street Address or PO Box	City	State	Zip
640 A ST	Ashland	OR.	97520
Work Phone	Home Phone	Cell Phone	Fax
		1-541-944.2265	
Email Address	Web Site, if applicable		
jimlewis31007@gmail.com			

Race and Ethnicity Optional

Occupation (present employment) If not employed, enter "Not Employed".

not Employed

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

general contractor

Educational Background (schools attended)

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study

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.

ELECTED PARKS Commissioner #2 Ashland.

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.

Candidate Attestation


By signing this document, I hereby state that:

- I will accept the nomination for the office indicated above;
- I will qualify for said office if elected;
- All information provided by me on this form is true to the best of my knowledge; **and**
- No circulators will be compensated based on the number of signatures obtained by the circulator on a prospective petition

For Major Political Party Candidates

- if not nominated, I will not accept the nomination or endorsement of any political party other than the one named
- I have been a member of said political party, subject to the exceptions stated in ORS 249.046, for at least 180 days before the deadline for filing a nominating petition or declaration of candidacy (ORS 249.031). Does not apply to candidates filing for the office of US President.

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 or not more than one precinct committee person at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)


Candidate Signature

7-18-2020
Date

Candidate Signature Sheet | Nonpartisan

Petition ID P2020-02A

SOME Circulators No Circulators for this petition are being paid.

This is a candidate nominating petition. Signers of this page must be active registered voters in the county listed. Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer.

County JACKSON

Candidate Information

Name JIM LEWIS Office PARKS COMMISSION #2
 Election NOV. 2020 District or Position Number (include city if applicable)

To the Elections Official/Filing Officer, We the undersigned voters, request the candidate's name be placed on the ballot at the election listed above for nomination to the office indicated.

1 Signers must initial any changes the circulator makes to their printed name, residence address or date they signed the petition.

Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code
<u>JAMES D LEWIS</u>	<u>7.19.2020</u>	<u>JAMES D LEWIS</u>	<u>640 A St Ashland 97520</u>
<u>Robin D McGRATH</u>	<u>7/19/2020</u>	<u>ROBIN D McGRATH</u>	<u>240 LAURAL ASHLAND 97520</u>
<u>Jerome White</u>	<u>7/19/2020</u>	<u>JEROME WHITE</u>	<u>253 N. THIRD ASHLAND 97520</u>
<u>David C HASMAR</u>	<u>7/20/2020</u>	<u>DAVID C HASMAR</u>	<u>468 N. Laurel St. Ashland 97520</u>
<u>John Seligman</u>	<u>7/20/20</u>	<u>JOHN SELIGMAN</u>	<u>248 Third St. Ashland 97520</u>
<u>Debra Beck</u>	<u>7/20/20</u>	<u>Debra Beck</u>	<u>719 N. Laurel "</u>
<u>Sarah Schroeder</u>	<u>7/20/20</u>	<u>Sarah Schroeder</u>	<u>719 N. Laurel "</u>
<u>Cheryl Lewis</u>	<u>7/20/20</u>	<u>Cheryl Lewis</u>	<u>640 A St Ashland 97520</u>
<u>Richard McKinney</u>	<u>7/20/20</u>	<u>Richard McKinney</u>	<u>117 8th St. Ashland 97520</u>
<u>Diane Sly</u>	<u>7/20/20</u>	<u>Diane Sly</u>	<u>117 8th St Ashland 97520</u>

Circulator Certification This certification must be completed by the circulator and additional signatures should not be collected on this sheet once the certification has been signed and dated. I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 249.061). I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition.

Circulator Signature JAMES D LEWIS Date Signed 7-22-2020
 Circulator's Address 640 A St Ashland Or, 97520 street, city, zip code

Sheet Number Completed by Candidate # 1

Candidate Signature Sheet | Nonpartisan

Petition ID P2020-02A

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County JACKSON

1 Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer.

Candidate Information	
Name	<u>JIM LEWIS</u>
Election	<u>Nov. 2020</u>
Office	<u>PARKS COMMISSION #2</u>
District or Position Number (include city if applicable)	<u>ASHLAND</u>

To the Elections Official/Filing Officer, We the undersigned voters, request the candidate's name be placed on the ballot at the election listed above for nomination to the office indicated.

1 Signers must initial any changes the circulator makes to their printed name, residence address or date they signed the petition.

	Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code
1	<u>Will Ross</u>	<u>7/20/20</u>	<u>William PERIAT</u>	<u>263 AVERY ST. #2</u>
2	<u>Renea Bell</u>	<u>7/20/20</u>	<u>Renea Prell</u>	<u>263 Avery St. Ashland OR</u>
3	<u>Mitchell Smith</u>	<u>7/20/20</u>	<u>Prell</u>	<u>263 Avery St. Ashland OR 97520</u>
4	<u>MATTHEW PRELL</u>	<u>7/20/20</u>	<u>Prell</u>	<u>263 Avery St. Ashland OR 97520</u>
5	<u>Timothy Polson</u>	<u>7/21/20</u>	<u>Timothy Polson</u>	<u>2234 Siskiyow Blvd. #37</u>
6	<u>GREC VANAWAY</u>	<u>7/21/20</u>	<u>GREC VANAWAY</u>	<u>100 SIXTH ST, ASHLAND, OR</u>
7	<u>Marc Valens</u>	<u>7/21/20</u>	<u>Marc Valens</u>	<u>247 Third St, Ashland, OR 97520</u>
8	<u>Anne Golden</u>	<u>7-21-20</u>	<u>Anne Golden</u>	<u>347 3rd St. Ashland, OR 97520</u>
9	<u>DAVID McCOY</u>	<u>7-21-20</u>	<u>DAVID McCOY</u>	<u>458 Williamson Way Ashland, OR 97520</u>
10	<u>Ben Stott</u>	<u>7-21-20</u>	<u>BENJAMIN STOTT</u>	<u>155 STRAWBEERY CV. ASHLAND</u>

Circulator Certification This certification must be completed by the circulator and additional signatures should not be collected on this sheet once the certification has been signed and dated. I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 249.061). I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition.

Circulator Signature [Signature] Date Signed 7-22-2020 # 2

Printed Name of Circulator JAMES BLEWIS Circulator's Address 640 A St Ashland Or. 97520

Sheet Number Completed by Candidate

Candidate Signature Sheet | Nonpartisan

Petition ID P2020-02A

SOME Circulators No Circulators for this petition are being paid.

This is a candidate nominating petition. Signers of this page must be active registered voters in the county listed. Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer.

County JACKSON

Candidate Information

Name	<u>JIM LEWIS</u>	Office	<u>PARKS COMMISSION #2</u>
Election	<u>NOV. 2020</u>	District or Position Number (include city if applicable)	<u>ASHLAND, OR.</u>

To the Elections Official/Filing Officer, We the undersigned voters, request the candidate's name be placed on the ballot at the election listed above for nomination to the office indicated.

Signers must initial any changes the circulator makes to their printed name, residence address or date they signed the petition.

	Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code
1		7/20/20	Susan McGrath	210 N. Laurel Ash 97520
2		7/20/20	Aaron Perillat	765 W Pebble Beach P, 97520
3		7/20/20	Shereen Vesalpour	765 W. Pebble Beach Dr. 97520
4		7/20/20	Chloe Lewis	484 Clinton St. Ashland, 97520
5		7/20/20	Aaron Lewis	484 Clinton St. Ashland, 97520
6				
7				
8				
9				
10				

Circulator Certification

This certification must be completed by the circulator and additional signatures should not be collected on this sheet once the certification has been signed and dated. I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 249.061). I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition.

Circulator Signature Date Signed 7-22-2020 Sheet Number #3
 Completed by Candidate

Printed Name of Circulator JAMES D LEWIS Circulator's Address 640 Ast Ashland,

Candidate Signature Sheet | Nonpartisan

Petition ID P2020-02A

SOME Circulators No Circulators for this petition are being paid.

This is a candidate nominating petition. Signers of this page must be active registered voters in the county listed.

County Jackson

i Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer.

Candidate Information	
Name	<u>JIM LEWIS</u>
Election	<u>Nov. 2020</u>
Office	<u>PARKS COMMISSION #2</u>
District or Position Number (include city if applicable)	<u>ASHLAND OR.</u>

To the Elections Official/Filing Officer, We the undersigned voters, request the candidate's name be placed on the ballot at the election listed above for nomination to the office indicated.

1 Signers must initial any changes the circulator makes to their printed name, residence address or date they signed the petition.

	Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code
1	<u>[Signature]</u>	<u>7/20/20</u>	<u>Mike Gardiner</u>	<u>349 Orange Ave, Ashland 97520</u>
2	<u>[Signature]</u>	<u>7/20/20</u>	<u>Mary Gardiner</u>	<u>349 Orange Ave Ashland 97520</u>
3	<u>[Signature]</u>	<u>7*21* 2020</u>	<u>T.L. Phillips</u>	<u>60 Riffst St Ashland 97520</u>
4	<u>[Signature]</u>	<u>7/21/20</u>	<u>Susan Aufferheide</u>	<u>321 N Wtn Ave Ashland 97520</u>
5	<u>[Signature]</u>	<u>7/22/20</u>	<u>Nathan Lewis</u>	<u>945 Oak St. Ashland, OR 97520</u>
6	<u>[Signature]</u>	<u>7/21/20</u>	<u>Fawn Gonzales</u>	<u>945 Oak St. Ashland OR 97520</u>
7	<u>[Signature]</u>	<u>7/22/20</u>	<u>Jill Birt</u>	<u>1288 Ross Lane Ashland OR 97520</u>
8				
9				
10				

Circulator Certification This certification must be completed by the circulator and additional signatures should not be collected on this sheet once the certification has been signed and dated. I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 249.061). I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition.

Circulator Signature [Signature] Date Signed 7.22.2020 Sheet Number Completed by Candidate #4

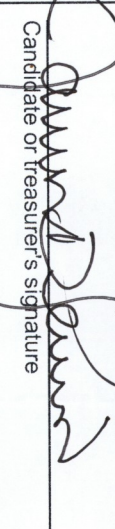
Printed Name of Circulator JAMES D LEWIS Circulator's Address 640 A St. Ashland Or.

**VOLUNTARY CONTRIBUTION & SPENDING LIMITS FOR CANDIDATES FOR CITY OFFICES
AMC 2.41**

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

Candidate	Political Committee	Primary 20__	General 20 <u>20</u>	Other Election Date
Candidate or Political Committee Name JAMES D LEWIS		Committee Identification Number		
Treasurer's Full Name		Telephone Number (day)		
Address (street or route, city, state, zip code) 640 A ST. Ashland OR. 97520				
Office of Filing				

I certify that if I am signing as a candidate, I will not make attributable expenditures for this election in excess of **\$3,875.00** (including expenditures of my principal campaign committee), or, if I am signing as a treasurer of a political committee organized exclusively to support or to oppose a candidate, I certify that the committee will not make attributable expenditures in this election in excess of **\$3,875.00**.

Candidate or treasurer's signature  Date Signed **7.18.2020**

[NOTE: If the candidate or committee treasurer elects NOT to be bound by the expenditure limitations, the following line should be signed instead of the line above.]

I elect not to be limited to the attributable expenditures specified in this certificate and city ordinance.

Candidate or treasurer's signature _____ Date Signed _____

The City Recorder is authorized to publish a statement in the City, indicating whether or not the candidate has agreed to limit expenditures.

If the City Recorder or the City Attorney finds that a candidate filing a declaration of limitation on expenditures has exceeded the applicable expenditure limit, at the next election at which the candidate is a candidate for election to public office, the City Recorder shall publish a statement, in the City, indicating that the candidate violated a previous declaration of limitation.

RECEIVED JUL 18 2020
