

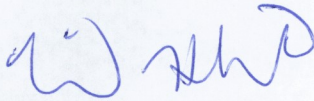
CITY OF
ASHLAND

7/28/2020

Leslie Eldridge
840 Pinecrest Terrace
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 #1.

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 338rev. 08/18
OAR 165-010-0005, 165-016-0000

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

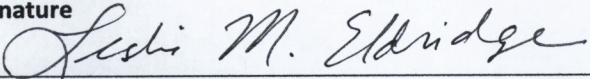
Filing Officer		
<input type="checkbox"/> State	<input type="checkbox"/> County For both county and district petitions.	<input checked="" type="checkbox"/> City

Election Type		Year			
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special Election	<input type="checkbox"/> 2018	<input type="checkbox"/> 2019	<input checked="" type="checkbox"/> 2020

Petition Information	
Petition ID/Candidate's Name LESLIE ELDRIDGE	Type <input checked="" type="checkbox"/> Candidate Nominating <input type="checkbox"/> Voters' Pamphlet, Candidate <input type="checkbox"/> Voters' Pamphlet, Measure

Type of Filing	Number of Signatures Submitted
<input checked="" type="checkbox"/> Candidate Nominating	36
<input type="checkbox"/> Voters' Pamphlet, Candidate	
<input type="checkbox"/> Voters' Pamphlet, Measure	

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 LESLIE ELDRIDGE	Contact Phone 954-296-3908	Email Address eldridgeL@sou.edu
Signature 	Date Signed 7/15/2020	

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

Number :AshParksComm01 Title :Ashland Parks Commissioner Pos 3 Leslie Eldridge

Petition Information

Petition Name : Ashland Parks Commissioner Pos 3 Leslie Eldridge

Petition Date : 06/22/2020

Date Filed : 06/22/2020

End Circulation Date : 07/15/2020

Minimum Signatures Required : 25

Accepted Of Minimum : (132.00%)

Total Signatures Processed : 36

Processing Summary Sample: All

Total Accepted Signatures : 33 (92%) **Of Those Processed**

Total Rejected Signatures : 3 (8%) **Of Those Processed**

Accepted Reason

Total (% Rejected)

Valid Signature 33 (100%)

Rejected Reason

Total (% Rejected)

Not Registered 2 (66.6%)

Out of District 1 (33.3%)

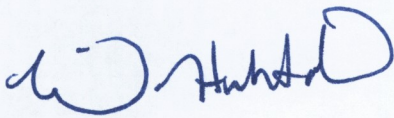
CITY OF
ASHLAND

June 22, 2020

Leslie Eldridge
840 Pinecrest Terrace
Ashland OR 97520

A prospective petition has been completed and filed with the City Recorder's Office for Parks Commissioner Position #1.

Petition ID P2020-01 has been approved for circulation to obtain the required 25 signatures for this position. Deadline to submit petitions to the Election Officer is August 6, 2020.



Melissa Huhtala
City Recorder



Candidate Filing
Major Political Party or Nonpartisan

RECEIVED JUN 22 2020

MA

SEL 101

rev 01/20
 ORS 249.031

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

Filing Information

This filing is an Original Amendment

Office Information

Filing for Office of: **Parks Commissioner**

District, Position or County: **Position #1**

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
Leslie	M	Eldridge		

How you would like your name to appear on the ballot

Leslie Eldridge

Candidate Residence / Route Address

Street Address	City	State	Zip	County
840 Pinecrest Terrace	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
840 Pinecrest Terrace	Ashland	OR	97520

Work Phone	Home Phone	Cell Phone	Fax
541-552-7080		954-296-3908	

Email Address	Web Site, if applicable
eldridgel@sou.edu	

Race and Ethnicity Optional

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

Professor of Environmental Science and Policy at Southern Oregon University

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

*NOAA Greater Farallones National Marine Sanctuary, San Francisco, CA. Sanctuary Advisory Council Coordinator/Resource Protection Specialist (1/11-5/15)
*United States Senate Commerce Committee, Subcommittee on Oceans, Atmosphere, Fisheries and Coast Guard, Washington, DC Knauss Marine Policy Legislative Fellow (1/10-12/10)
*Prince William Sound Science Center, Oil Spill Recovery Institute, Cordova, AK Marine Research Technician, Relief Captain (6/09-9/09)
*NOAA Channel Islands National Marine Sanctuary, Santa Barbara, CA Resource Protection Policy Analyst (8/07- 6/09)
*NOAA Ship RAINIER, Home Port: Seattle, WA Seaman Surveyor (3/06-8/07)
*Outward Bound Lead Instructor and Captain, PADI SCUBA Instructor

Educational Background (schools attended)

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
UC Santa Barbara		Master	Environmental Science and
Stanford University		BA	Social Anthropology

Educational Background (other) Attach a separate sheet if necessary.

Training in: Environmental Negotiation; Environmental Project Planning and Management; Stakeholder Involvement and Working Group Facilitation; Outdoor Leadership; Wilderness First Responder; Merchant Mariner Captain; Rescue Swimmer; Firefighting; SCUBA Instructor

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

*NOAA Greater Farallones National Marine Sanctuary, San Francisco, CA Supervisory Sanctuary Advisory Council Coordinator/Resource Protection Specialist (1/11-5/15)
*United States Senate Commerce Committee, Subcommittee on Oceans, Atmosphere, Fisheries and Coast Guard, Washington, DC Knauss Marine Policy Legislative Fellow (1/10-12/10)
*NOAA Channel Islands National Marine Sanctuary, Santa Barbara, CA Resource Protection Policy Analyst (8/07- 6/09)
*NOAA Ship RAINIER, Home Port: Seattle, WA Seaman Surveyor (3/06-8/07)

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

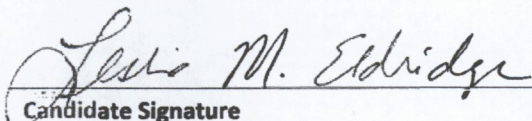
By signing this document, I hereby state that:

- 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

6/22/20
Date

For Office User Only

Initials _____

Batch Sheet/CC Approval Code/ Receipt Number _____

Candidate Signature Sheet | Nonpartisan

Petition ID _____

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.

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

County Jackson

Candidate Information		Office
Name	LESLIE BURRIDGE	PARCS COMMISSIONER
Election	GENERAL 2020	District or Position Number (include city if applicable) POSITION #1

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.

Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code
	07/11/20	Anna Olsen	1239 Old Willow Ln, Ashland, OR 97520
	7/2/20	Craig Blackard	239 Park St. Ashland, OR 97520
	7/2/20	Scott Marsden	74 Glendale Ave. OR 97520
	7/2/20	JOHN GURRATH	474 CUMMINS AVE. OR 97520
	7/2/20	Jean Keovil	600 Forest St, Ash. OR 97520
	7/2/20	Thomas Keovil	600 Forest St, Ash. OR 97520
	7/4/20	Jim Chamberlain	865 PARKER "
	7/5/20	Justin Farris	373 Courtney St 97520
	7/7/20	Dylan Alexander	819 Blackberry Ln 97520
	7/7/20	JESSICA FISHER	1405 PINECREST TER 97520

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 Leslie M. Burridge Date Signed mm/dd/yy 07/15/20

Printed Name of Circulator LESLIE M. BURRIDGE Circulator's Address street, city, zip code 840 PINECREST TER ASHLAND, OR 97520

Sheet Number Completed by Candidate 1

Candidate Signature Sheet | Nonpartisan

Petition ID _____

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.

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

County _____

Jackson

Candidate Information		Office
Name	LESLIE EDRIDGE	PARKS COMMISSIONER
Election	GENERAL 2020	District or Position Number (include city if applicable) POSITION #1

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.

i 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 <i>Hy</i>	06/22/20	Yu Kumbawa	763 Sanguelyst, Ashland, 97520
2 <i>Steen & Cr</i>		STEVEN CROWTHER	315 Park St Ashland 97520
3 <i>Tim Turk</i>	6/22/20	TIM TURK	910 Park St. Ashland 97520
4 <i>Lacey Farris</i>	6/22/20	LACEY FARRIS	373 Courtney St Ashland 97520
5 <i>Andy Lewis</i>	6/22/20	Andy Lewis	657 Oak St Ashland 97520
6 <i>Arthur Abrock</i>	6/30/20	ARTHUR ABRACK	172 SKIDMORE ST ASHLAND, OR 97520
7 <i>George Dohmann</i>	6/30/20	George Dohmann	146 Meazante St 97520
8 <i>Jennifer Longshore</i>	6/30/20	Jennifer Longshore	2129 Clay Creek Way Ashland OR 97520
9 <i>Terry Longshore</i>	6/30/20	Terry Longshore	2729 Clay Creek Way Ashland OR 97520
10 <i>Anoushka Andross</i>	6/30/20	Anoushka Andross	450 Willow St. Ashl. 97520

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 *Leslie M. Edridge* Date Signed mm/dd/yy 07/15/20

Printed Name of Circulator LESLIE M. EDRIDGE Circulator's Address street, city, zip code 840 PINECREST TER ASHLAND, OR 97520

Sheet Number Completed by Candidate 2

Candidate Signature Sheet | Nonpartisan

Petition ID _____

SOME Circulators for this petition are being paid.

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

Candidate Information

Name	LESLIE BARRIDGE	Office	PARKS COMMISSIONER #1
Election	GENERAL 2020	District or Position Number (include city if applicable)	POSITION #1

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	<i>FB</i>	7/7/20	FEDERICK BROWN	1070 Terra Ave Ashland OR 97520
2	<i>Valerie Pope</i>	7/7/2020	VALERIE POPE	1405 PINECREST TER 97520
3	<i>Jonathan Crist</i>	7/7/2020	JONATHAN CRIST	2497 GIZZY DR. 97520
4	<i>Shelley Cox</i>	7/7/2020	SHELLEY COX	3335 TUDOR ST. ASHLAND, OR
005	<i>Martin Stadtmueller</i>	7/8/2020	MARTIN STADTMUELLER	2248 Lupine Dr. Ashland OR
6	<i>Casey Bitts</i>	7/8/20	CASEY BITTS	456 Dinger St Ashland OR 97520
7	<i>Ava Peterson</i>	7/8/20	AVA PETERSON	16412 Ross Lane Ashland OR 97520
8	<i>Meadow Lacy</i>	7/8/20	MEADOW LACY	1537 Woodland Ave 97520
9	<i>Sarah Pihmann</i>	7/8/20	SARAH PIHMANN	1448 8th Ave 97520

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 *Leslie M. Barridge*

Date Signed 07/15/20

Sheet Number Completed by Candidate **3**

Printed Name of Circulator LESLIE M. BARRIDGE 840 PINECREST TER ASHLAND, OR 97520

Candidate Signature Sheet | Nonpartisan

Petition ID _____

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.

i 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	LESLIE ELDRIIDGE
Office	PARKS COMMISSIONER #1
Election	GENERAL 2020
District or Position Number (include city if applicable)	PETITION #1

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.

i 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>Jennifer Brown</u>	6/23/2020	Jennifer Brown	381 Walker Ave Ashland OR 97520
<u>Robert McBaine</u>	6/24/2020	Robert McBaine	1300 Oregon St Ashland OR 97520
<u>Paul Bigham</u>	6/21/2020	Paul Bigham	55 California St Ashland OR 97520
<u>Emily Winters Brown</u>	7/5/2020	Emily Winters Brown	393 Walker Ave Ashland OR 97520
<u>Chad Campbell</u>	7/5/2020	Chad Campbell	393 Walker Ave Ashland OR 97520
<u>Marsha J. McBain</u>	7/6/2020	Marsha J. McBaine	1300 Oregon St Ashland OR 97520

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 mm/dd/yy 7/10/2020

Printed Name of Circulator Jennifer Brown Circulator's Address street, city, zip code 381 Walker Ave Ashland OR 97520

Sheet Number Completed by Candidate 4

VOLUNTARY CONTRIBUTION & SPENDING LIMITS FOR CANDIDATES FOR CITY OFFICES

AMC 2.41

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

<u>Candidate</u>	Political Committee	Primary 20__	General 2020	Other Election Date
Candidate or Political Committee Name	LESUE ELDRIEGE	PARKS COMMISSIONER # 1		
Treasurer's Full Name	LESUE ELDRIEGE			Committee Identification Number P2020-01
Address (street or route, city, state, zip code)	640 PINEQUEST TER.	ASHLAND, OR	97520	Telephone Number (day) 954-296-3908
Office of Filing	PARKS COMMISSIONER			

I certify that if I am signing as a candidate, I will not make attributable expenditures for this election in excess of \$3,793.00 (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 \$3,793.00.

Candidate or treasurer's signature: *Lesue M Eldridge* Date Signed: 6/22/20

[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 JUN 22 2020