

Candidate Filing

Major Political Party or Nonpartisan

SEL 101

rev 01/14
ORS 249.031

Filing Dates	Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
Primary Election May 20, 2014		Filed electronically using ORESTAR	
First Day to File	September 12, 2013	January 20, 2014	
Last Day to File	March 11, 2014	March 13, 2014	March 14, 2014
General Election November 4, 2014			
First Day to File	June 4, 2014	July 7, 2014	
Last Day to File	August 26, 2014	August 26, 2014	August 29, 2014

i All information must be completed or the form will be rejected.

This filing is an Original Amendment

Filing Officer

Secretary of State County Elections Official City Recorder (Auditor)

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Barbara	M	Christensen		

How you would like your name to appear on the ballot

First	MI	Last	Suffix
Barbara		Christensen	

Candidate Residence/Route Address

Street Address	City	State	Zip	County
759 Willow Street	Ashland	OR	97520	Jackson

Candidate Mailing Address

Street Address or PO Box	City	State	Zip

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541 488 5307	541 482 3343		

Email Address	Web Site, if applicable
christeb@ashland.or.us	

Paying by Declaration or Petition:

Declaration, with the required 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 Petition circulators will be paid Yes No

Office Information

Filing for Office of: **City Recorder**

District, Position or County:

Party Affiliation: Democratic Party Republican Party Nonpartisan

Incumbent Judge: Yes No Nondisclosure on file

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

City Recorder/Treasurer

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

City Recorder/Treasurer 1994-present

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Nestucca Union HS	12	Diploma	
University of Oregon	1975		English/Business

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.

City Recorder/Treasurer 1994-present

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

Yes, I have a candidate committee.

No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.

No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

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)

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)

Barbara M Christensen

Candidate's Signature

RECEIVED
JUN 4 2014
BY: *hr*

6/4/14
Date Signed

CERTIFICATE FOR VOLUNTARY CONTRIBUTION & SPENDING LIMITS

CITY OF ASHLAND AMC 2.41

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Political Committee	<input type="checkbox"/> Primary 20__ <input checked="" type="checkbox"/> General 20 <u>14</u> <input type="checkbox"/> Other Election Date
Candidate or Political Committee Name <p style="text-align: center; font-size: 1.2em;"><i>BARBARA M CHRISTENSEN</i></p>	Committee Identification Number
Treasurer's Full Name <p style="text-align: center; font-size: 1.2em;"><i>SAME</i></p>	Telephone Number (day) <p style="text-align: center; font-size: 1.2em;"><i>541 488 5307</i></p>
Address (street or route, city, state, zip code) <i>759 Willow St</i>	
Office of Filing <p style="text-align: center; font-size: 1.2em;"><i>City Recorder</i></p>	
<p>I certify that if I am signing as a candidate, I will not make attributable expenditures for this election in excess of \$3,352.00 (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 \$3,352.00.</p>	
<p><i>Barbara Christensen</i></p> Candidate or treasurer's signature	<p><i>6/4/2014</i></p> Date Signed
<p>[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.]</p> <p>I elect not to be limited to the attributable expenditures specified in this certificate and city ordinance.</p>	
_____ Candidate or treasurer's signature	_____ Date Signed
<p>The City Recorder is authorized to publish a statement in the City, indicating whether or not the candidate has agreed to limit expenditures.</p> <p>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.</p>	<p>(Authorized Use)</p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p style="font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="margin: 0;">JUN 4 2014</p> <p style="margin: 0;">BY: <i>[Signature]</i></p> </div>

Certificate of Limited Contributions and Expenditures

PC 7
rev 1/14
ORS 260.112

Committee Information		
Name of Committee Barbara Christensen		Committee ID Number
Treasurer's Name if different than candidate		
First same	Last	
Mailing Address as it appears on the Statement of Organization		
Street or PO Box 759 Willow Street		
City Ashland	State OR	Zip Code 97520
Committee Type		
<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Political Action Committee <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Measure <input type="checkbox"/> Recall <input type="checkbox"/> Caucus <input type="checkbox"/> Political Party	<input type="checkbox"/> Petition Committee <input type="checkbox"/> Initiative <input type="checkbox"/> Recall <input type="checkbox"/> Referendum
Year	Balance on January 1	

Notes

- If a committee does not expect to receive a total of more than \$3,500 or spend a total of more than \$3,500 in a calendar year, a Certificate of Limited Contributions and Expenditures may be filed. A certificate must be filed no later than seven calendar days after receiving the first contribution or making the first expenditure in a calendar year.
- A committee must continuously maintain detailed records of all contributions received and expenditures made even if it files a certificate. If at any time during the calendar year the total contributions or total expenditures exceed \$3,500 the committee must file all transactions electronically using ORESTAR. All transactions occurring in the calendar year must be filed no later than seven calendar days after exceeding the \$3,500 threshold. Refer to the Campaign Finance Manual for further information.

The Candidate or Treasurer may sign and file a Certificate

I, BARBARA M CHRISTENSEN hereby certify I expect neither the aggregate contributions received nor the aggregate expenditures made by or on behalf of my candidacy or committee for this calendar year to exceed \$3,500. I understand that this form must be filed no later than seven calendar days after receiving a contribution or making an expenditure in the calendar year. I also understand that if the committee exceeds \$3,500 in total contributions or total expenditures during the calendar year, detailed transaction information must be filed electronically using ORESTAR for the calendar year not later than seven calendar days after exceeding the \$3,500 threshold.

Candidate Attestation

By signing this document, I acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260 and attest that the information on the form is true and correct.

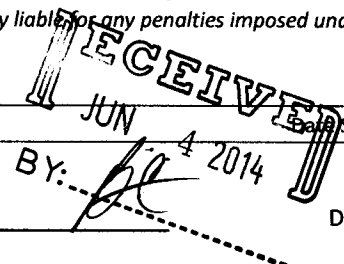
Barbara M Christensen 6/4/2014

Candidate's Signature Date Signed

Treasurer's Attestation if different than Candidate

By signing this document, I attest that the information on the form is true and correct and I acknowledge that if I am a treasurer for a political action or petition committee I am personally liable for any penalties imposed under Chapter 260.

Treasurer's Signature Date Signed



For Office Use Only Initials _____ Date Entered _____

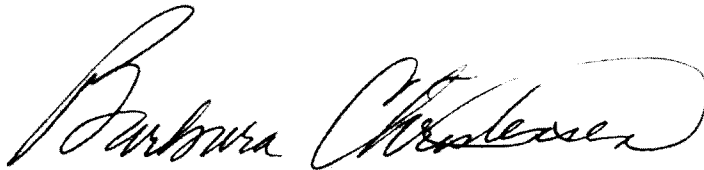
CITY OF
ASHLAND

June 4, 2014

Barbara Christensen
759 Willow Street
Ashland OR 97520

A prospective petition has been completed and filed with the City Recorder's Office for City Recorder position.

Petition ID CR-1 has been approved for circulation to obtain the required 25 signatures for this position. Deadline to submit petitions to the Election Officer is August 21, 2014.



Barbara Christensen
City Recorder



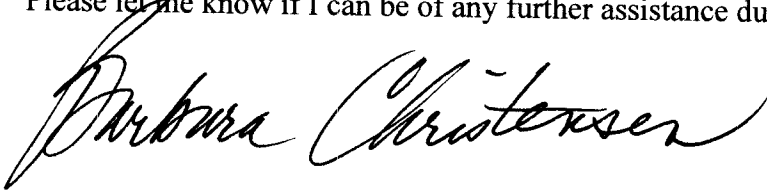
CITY OF
ASHLAND

June 12, 2014

Barbara Christensen
759 Willow 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 City of Ashland City Recorder.

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



Barbara Christensen
City Recorder/Treasurer



Petition Submission
Candidate, Voters' Pamphlet

SEL 338

rev 01/14
 OAR 165-010-0005, 165-014-0005

This form must be completed and filed with each submittal of signatures.

Filing Officer

State County for both county and district petitions City

Election Type

Year

Primary General Special Election 2014 2016 2018

Petition Information

Candidate Name or Measure Number

Barbara Christensen

Type of Filing

Number of Signatures Submitted

<input checked="" type="checkbox"/> Candidate Nominating Petition	29
<input type="checkbox"/> Voters' Pamphlet, Candidate	
<input type="checkbox"/> Voters' Pamphlet, Measure	

Candidate

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

Name <i>Barbara Christensen</i>	Contact Phone 541 488 5307	Email Address christeb@ashland.or.us
Signature <i>BARBARA CHRISTENSEN</i>	Date Signed 6/12/2014	

Measure Argument Filer

→ 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	

[Signature]
 BY: _____
 RECEIVED
 JUN 12 2014

Number :2014Ash-001 Title :City of Ashland City Recorder

Petition Information

Petition Name : City of Ashland City Recorder

Petition Date : 06/04/2014

Date Filed : 06/04/2014

End Circulation Date : 06/10/2014

Minimum Signatures Required : 25

Accepted Of Minimum : (116.00%)

Total Signatures Processed : 29

Processing Summary Sample: All

Total Accepted Signatures : 29

(100%) **Of Those Processed**

Total Rejected Signatures : 0

(0%) **Of Those Processed**

Accepted Reason

Total (% Rejected)

Valid Signature

29 (100%)

Rejected Reason

Total (% Rejected)

Candidate Signature Sheet | Nonpartisan

Petition ID CR-1

Signatures for this petition are being gathered by PAID Circulators VOLUNTEER Circulators

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. Candidates should allow ample time for the verification process to be completed before 5pm on the filing deadline day.

County Jackson

Candidate Information	
Name Barbara M Christensen	Office City Recorder
Election General November 4, 2014	District or Position Number City of Ashland

To the Secretary of State of Oregon/County Elections Official/City Recorder, 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
<u>1</u> <i>Barbara M Christensen</i>	6/4/14	BARBARA CHRISTENSEN	759 Willow St Ashland
<u>2</u> <i>Stefani Seffinger</i>	6/4/14	Stefani Seffinger	448 Taylor St Ashland
<u>3</u> <i>Melissa R Morris</i>	6/4/14	MELISSA R MORRIS	720 Mountain Ave So. Ashland
<u>4</u> <i>Sandra Sharkey</i>	6/4/14	SANDRA SHARKEY	654 PARK ST. ASHLAND 97130
<u>5</u> <i>Matthew Christensen</i>	6/4/14	Matthew Christensen	370 High St #4 Ashland
<u>6</u> <i>Alexis Christensen</i>	6/4/14	Alexis Christensen	654 Park St. Ashland, OR
<u>7</u> <i>Jeremy Christensen</i>	6/4/14	Jeremy Christensen	1040 Plaza Ave. Ashland, OR
<u>8</u> <i>Dylan St. Clair-Bates</i>	6/4/14	Dylan St. Clair-Bates	450 Guthrie St. Ashland.
<u>9</u> <i>Pamela Burkholder Turner</i>	6/5/14	Pamela Burkholder Turner	P.O. Box 1299, Ashland, OR
<u>10</u> <i>Scott Hutchins</i>	6/6/14	Scott Hutchins	268 6 th Ashland OR

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.

Barbara M Christensen 6/12/14 1

Circulator Signature Date Signed mm/dd/yy Sheet Number

Barbara M Christensen 759 Willow St Ashland OR

Printed Name of Circulator Circulator's Address street, city, zip code

Sheet will be numbered by group submitting the petition.

Candidate Signature Sheet | Nonpartisan

Petition ID CR-1

Signatures for this petition are being gathered by PAID Circulators VOLUNTEER Circulators

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. Candidates should allow ample time for the verification process to be completed before 5pm on the filing deadline day.

County Jackson

Candidate Information	
Name Barbara M Christensen	Office City Recorder
Election General November 4, 2014	District or Position Number City of Ashland

To the Secretary of State of Oregon/County Elections Official/City Recorder, 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
<i>Linda Bernabas</i>	6/6/14	LINDA BERNABAS	420 Helman
<i>Christine A. Belcastro</i>	6-6-14	CHRISTINE A. BELCASTRO	447 Monte Vista Dr. Ashland
<i>Charles L. Eber</i>	6/6/14	Charles L Eber	94 N 3rd St Ashland
<i>Donna Mae Miller</i>	6-6-14	Donna Mae Miller	2990 Grizzley D, Ashland OR 97520
<i>Fred F. Miller</i>	6-6-14	FRED F. MILLER	2990 GRIZZLEY DRIVE Ashland 97520
<i>Charles Brown</i>	6-6-14	Charles Brown	1205 N. Main Ashland OR 97520
<i>Glenda Brown</i>	6-6-14	GLEND A BROWN	1205 N Main Ashland OR 97520
<i>Cameron Hanson</i>	6 Jun 14	CAMERON HANSON	67 WOOLEN WAY ASHLAND OR 97520
<i>Jennifer Hanson</i>	6-6-14	Jennifer Hanson	67 Woolen Way Ashland OR 97520
<i>Berniece M. Monning</i>	6-6-14	BERNIECE M. MONNING	1680 Greenwood Ave 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.

Barbara M Christensen 6/12/14
Circulator Signature Date Signed mm/dd/yy

Barbara M Christensen 759 Willow Ashland OR
Printed Name of Circulator Circulator's Address street, city, zip code

2
Sheet Number
Sheet will be numbered by group submitting the petition.

Candidate Signature Sheet | Nonpartisan

Petition ID CR-1

Signatures for this petition are being gathered by PAID Circulators VOLUNTEER Circulators

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. Candidates should allow ample time for the verification process to be completed before 5pm on the filing deadline day.

County Jackson

Candidate Information	
Name Barbara M Christensen	Office City Recorder
Election General November 4, 2014	District or Position Number City of Ashland

To the Secretary of State of Oregon/County Elections Official/City Recorder, 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
<i>Michael M. Balcke</i>	6-6-14	Michael M. Balcke	975 TERRA Ave Ashland, OR 97520
<i>Diana K Balcke</i>	6-6-14	Diana K Balcke	975 Terra Ave Ashland OR 97520
<i>Roxanne Camacho-Flynn</i>	6-6-14	Roxanne Camacho-Flynn	605 ELIZABETH Ave. Ashland OR 97520
<i>BEVIN FLYNN</i>	6/6/14	BEVIN FLYNN	605 ELIZABETH AV 97520
<i>Larry Christensen</i>	6/8/14	LARRY CHRISTENSEN	759 Willow St. Ashland 97520
<i>Carol Voisin</i>	6/10/14	Carol Voisin	908 FOX ST, Ashland, OR 97520
<i>Terry Olofield</i>	6/10/14	Terry OLOFIELD	500 PARKSIDE DR Ashland 97520
<i>Russ Johnson</i>	6/10/14	Russ Johnson	758 Willow St. Ashland 97520
<i>Ellen Reed</i>	6/10/14	Ellen Reed	398 N. Laurel St. Ashland 97520
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.

Barbara M Christensen 6/12/14
 Circulator Signature Date Signed mm/dd/yy
Barbara M Christensen 759 Willow St Ashland OR
 Printed Name of Circulator Circulator's Address street, city, zip code

3
 Sheet Number
 Sheet will be numbered by group submitting the petition.