## **Candidate Filing**

**Filing Dates** 

## **Major Political Party or Nonpartisan**

**Candidate Filing** 

**SEL 101** 

Candidate Withdrawal

rev 01/14 ORS 249.031

Primary Election May 20, 2014			Filed electronically using C	RESTAR		
First Day to File	September	12, 2013 ່	January 20, 2014		Ī	
Last Day to File	March 11, 2	014	March 13, 2014		March 14	, 2014
General Election November 4, 2	014					
First Day to File	June 4, 201	4	July 7, 2014			
Last Day to File	August 26, 2	2014	August 26, 2014		August 2	9, 2014
All information must be con	nnleted or the form	will be rejected	A			
		_				
This filing is an	<b>⊌</b> Ž Origi	inai	LJ.	Amendment		
Filing Officer						
☐ Secretary of State	☐ Cou	☐ County Elections Official				
Candidate Information						
Name of Candidate						
First	MI	Last ~			Suffix	Title
Michael	' A.	· 6	ardiner	'		1
How you would like your name	to appear on the ba	llot				
First	MI	Last	. •		Suffix	
Mike		Gay	ediner			
			-			
Candidate Residence/Route Ad	dress					
Street Address	City		. State	Zip	Cour	ntv
349 Orange		shland	OR	7752 9752	0	
STI OFWER	,100			7100		
Candidate Mailing Address						
Street Address or PO Box	City		State	Zip		
·	1 -		ı	, ,		
				· · · · · · · · · · · · · · · · · · ·		
Contact Information: Only one	e phone number is re	auired.				
Work Phone	Home Phone		Cell Phone	Fax		
TOWN THOMAS	1 1101110	ľ	541-890-24			
			371 010-21	g <i>(</i>		
Email Address			Web Site, if applicable			
MMGaRdiner@	chapter r	1 + 1				
MIMBAROTIACE	C/IMC 1972,1					
Paying by Declaration or Pet	tition:					
☐ Declaration, with the required	fee					**************************************
Office	Filing Fee	Office		Filing	Fee	
United States President	່ n/a	n/a District Attorney \$5		່ \$50		
United States Vice President	n/a	n/a County Judge \$		\$50	)	
United States Senator	\$150					
United States Representative	\$100	\$100 MSD Councilor \$25				
Statewide Offices	\$100	County Office	e	\$50		
State senator or Representative	\$25			y charter o	rordinance	
Circuit Court Judge	\$50	Justice of the	e Peace	n/a		
						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Prospective Petition			Petition circulators will	be paid	🗌 Yes 🤻	No

State Voters' Pamphlet

Office Information					
Filing for Office of:	Parks Comn	nission (Ashla	心 #3		
District, Position or Cou			1		
Party Affiliation:	☐ Democration	Party Rep	ublican Party	Nonparti	isan
Incumbent Judge:	☐ Yes	□ No			losure on file
1 _					
Occupation (presen	t employment) If no rele	evant experience, None	or NA must be ente	red.	
Retired					
Occupational Backs	round (previous emplo	oyment) If no relevant e	experience, None or	NA must be	entered.
Transporta					
Educational Backgr Complete name of School	round (schools attende	d) If no relevant experie	nce, None or NA mu   Diploma/Degree/Ce		ed. Course of Study
University	of Evansville		BA in Bus.		Economics
Educational Backgroun	d (other) Attach a separate	sheet if necessary.			
					**************************************
Prior Governmental	Experience (elected or	r appointed) If no releva	ant experience. Non	e or NA mus	st be entered.
3 1/2 Terms	.s Ashland Pag Ashland Planni Ashland TRa	eks & Rec Coning Commission	missim		
1 TERM	Ashland 112a	nsportation C	Welssiwwa		
Campaign Finance	Information (not applic	able to candidates for	federal office)		
Candidate Committee				······································	
Yes, I have a candic	late committee.				· · · · · · · · · · · · · · · · · · ·
records of all campa the requirements de	to spend more than \$750 or ign transactions and if total tailed in the Campaign Fina a Statement of Organizatio	l contributions or total expe ance Manual.	enditures exceed \$750	ear. I underst during a cale	and I must still keep endar year, I must follow
<ul> <li>→ I will qualify for sa</li> <li>→ all information pro</li> </ul>	I hereby state that: omination for the office indial aid office if elected ovided by me on this form is be compensated based on	s true to the best of my kno	wledge <b>and</b> obtained by the circula	ator on a pros	pective petition
For Major Political Pa	arty Candidates				
→ I have been a me the deadline for fi	I will not accept the nomina mber of said political party, ling a nominating petition o	subject to the exceptions	stated in ORS 249.046	nan the one n S, for at least	amed 180 days before
to 5 years. (C	se information on this form ORS 260.715). A person ma n. Unless the person has w	ly only file for one lucrative	office or not more tha	n one precind	ct committee person at the
MA YAR	liner	M	THE WASTER	<u>e</u> n	7/2/14
Candidate's Signature		5.	3014		Date Signed
For Office Use Only	Initials	_ Batch Sheet/CC	Approve Code/Receip	ot Number	

## CERTIFICATE FOR VOLUNTARY CONTRIBUTION & SPENDING LIMITS CITY OF ASHLAND AMC 2.41

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK General 20 Primary 20\_\_\_ Other Election Date Candidate Political Committee Candidate or Political Committee Name Committee Identification Number Telephone Number (day) Treasurer's Full Name Address (street or route, city, state, zip code) 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 \$3,352.00 (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. Date Signed 7/2/14 Candidate or treasurer's signature [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. **Date Signed** Candidate or treasurer's signature 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.

## CITY OF ASHLAND

July 2, 2014

Mike Gardiner 349 Orange Street Ashland OR 97520

A prospective petition has been completed and filed with the City Recorder's Office for Park Commissioner Position #3.

Petition ID PR-5 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. ruhma Christensen

Barbara Christensen City Recorder



Candidate Signature Sheet   No	npartisan		Petition ID	PC-5
Signatures for this petition are being gathered by	PAID Circulators	<b>■</b> VOLUNTEER Circulators		
his is a candidate nominating petition. Signers	of this page must be active regis	tered 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
andidate Information	· .			
<sub>lame</sub> ⁄like Gardiner		office City of Ashland - Park	Commissioner	
lection 014 General Election		District or Position Number Position #3		
o the Secretary of State of Oregon/County Eleco	tions Official/City Recorder, We	the undersigned voters, request the candidate's	name be placed on the ballot at th	e election listed above for
Signers must initial any changes the circulator	makes to their printed name, res	sidence address or date they signed the petition.		
gnature Date Signed mm/dd/yy Print Name			Residence or Mailing Addre	
MA Gardwer	7/2/14	Mike Gaplines	349 ORange	· Ave Ahlane
		and additional signatures should not be collected	on this sheet once the certification	on has been signed and
		Il whose signature appears on the signature shee		ter qualified to sign the
ition (UKS 249.061). I also hereby certify that co	ompensation I received, if any, wa	as not based on the number of signatures obtaine	ea for this petition.	/
rculator Signature	D	Pate Signed mm/dd/yy		Sheet Number
-				Sheet will be numbered by group submitting the petition.