

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 First Day to File Last Day to File	September 12, 2013 March 11, 2014	Filed electronically using ORESTAR January 20, 2014 March 13, 2014	March 14, 2014
General Election November 4, 2014 First Day to File Last Day to File	June 4, 2014 August 26, 2014	July 7, 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 PAMALA MI Last JOY Suffix Title

How you would like your name to appear on the ballot

First PAMALA MI Last JOY Suffix

Candidate Residence/Route Address

Street Address City State Zip County
472 Walker Avenue ASHLAND OR 97520 JACKSON

Candidate Mailing Address

Street Address or PO Box City State Zip
472 Walker Avenue ASHLAND OR 97520

Contact Information: Only one phone number is required.

Work Phone Home Phone Cell Phone Fax
541-482-5330

Email Address

Web Site, if applicable

pamalajoy2you@gmail.com ashlandfoodangels.org

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 of Ashland

District, Position or County: Council #2

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.

Director, Ashland Food Angels - 1996 to present

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

Management, Action Space Arts Centre, London, England 1978-1980
Findhorn Foundation, Scotland - 1982-1989
Independent work - training, Public Relations, publicity, performing - 1990 to 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
<u>Western Conn. State College</u>	<u>Senior</u>	<u>BA</u>	<u>Speech/Theatre</u>

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.

NA

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).

RECEIVED
JUL 25 2014
 BY: [Signature]

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)

Samala Joy
 Candidate's Signature

25 July 2014
 -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 <u>Pamala Joy</u>	Committee Identification Number
Treasurer's Full Name	Telephone Number (day) <u>541 482 5330</u>
Address (street or route, city, state, zip code) <u>472 Walker Ave</u>	
Office of Filing <u>City of Ashland Council Pos. 2</u>	
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 . ✓	
<u>Pamala Joy</u> Candidate or treasurer's signature	Date Signed
[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.	(Authorized Use) <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED JUL 25 2014 BY: <u>[Signature]</u> </div>

CITY OF
ASHLAND

July 25, 2014

Pamala Joy
472 Walker Avenue
Ashland OR 97520

A prospective petition has been completed and filed with the City Recorder's Office for City Councilor Position #2.

Petition ID CC-2 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



Candidate Signature Sheet | Nonpartisan

Petition ID CC-2A

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 Pamala Joy	Office City of Ashland
Election 2014 General	District or Position Number Council Position #2

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
1 <i>Pamala Joy</i>	<i>25 July 2014</i>	<i>PAMALA JOY</i>	<i>472 Walker Ave. Ashland</i>
2			
3			
4			
5			
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 mm/dd/yy	Sheet Number
		Sheet will be numbered by group submitting the petition.

Printed Name of Circulator _____ Circulator's Address street, city, zip code _____
 SEL 121 rev 01/14 ORS 249.072 County Elections Officials provide a separate certification to attach to the petition.