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SA Sity Elling Type D Filing of Candida	ME AS AE	Bo/E State	Zip Code	Filing Fee State Voters' Pamphlet	
City Tiling Type D Filing of Candida Filing Fees:	ME AS AE	State State he Required Filing Filing of Candida	Zip Code	-	
SA Sity Filing Type Filing of Candida Filing Fees: Statewide Offices	ME AS AE	State State be Required Filing Filing of Candida (ORS 249.056) \$100	Zip Code	Voters' Pamphlet (ORS 251.095) \$3000 or	Required 500
SA Sity Iling Type Filing of Candida Filing Fees: Statewide Offices Circuit Court Judg	ME AS AE	State State be Required Filing Filing of Candida (ORS 249.056) \$100 \$50	Zip Code	Voters' Pamphlet (ORS 251.095) \$3000 or \$600 or	Required 500 300
SA City City Filing Type Filing of Candida Filing Fees: Statewide Offices Circuit Court Judg District Attorney	ME AS AE	State State the Required Filing Filing of Candida (ORS 249.056) \$100 \$50 \$50	Zip Code	Voters' Pamphlet (ORS 251.095)           \$3000         or           \$600         or           \$600         or	Required 500 300 300
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SA City Tiling Type D Filing of Candida Filing Fees: Statewide Offices Circuit Court Judg District Attorney County Judge	ME AS AE	State State the Required Filing Filing of Candida (ORS 249.056) \$100 \$50 \$50 \$50 \$50	Zip Code	Voters' Pamphlet (ORS 251.095)           \$3000         or           \$600         or           \$600         or	Required 500 300 300
SA City City Ciling Type Ciling of Candida Filing Fees: Statewide Offices Circuit Court Judg District Attorney County Judge MSD Executive O MSD Councilor County Office	ME AS AE	State State the Required Filing Filing of Candida (ORS 249.056) \$100 \$50 \$50 \$50 \$50 \$50 \$100	Zip Code	Voters' Pamphlet (ORS 251.095)           \$3000         or           \$600         or	Required 500 300 300 300 300 300
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continued on the reverse side of this form

**SEL 120** 

Required Information (if no relevant information, list "none") Occupation present employment Apaid or unpaid SOUTHERN OLEGON UNIVERSITY HOSOCIATE TROFESSOR Occupational Background previous employment - paid or unpaid PRACTICE CPA - PRIVATE RICHARD NAGEL CPA ACCOUNTANT -Educational Background schools attended, use attachment if needed Complete Name of School no acronyms Last Grade Level Diploma/Degree/Certificate Course of Study (AA, BA, BS, MA, PhD, etc) Completed optional SOUTHERN OLEGON UNIJELSIT MBA B.S BUSINESS AdMINISTLATION DOUTHERN OREBON UNIJERSIT Other: CERTIFIED KUBLIC ACCOUNTANT Prior Governmental Experience elected or appointed ABHLAND BUDGET COMMITTEE PUBLIZ SAFETY FALILITIES COMM. By signing this document, I hereby state: → that I will accept the nomination for office indicated → that I will qualify for said office if elected → that all information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge Check the applicable box (not applicable to candidates for federal office - US Senate and US Representative): By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the Campaion Finance Manual. By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the Campaign Finance Manual. Candidate's Signature  $\rightarrow$  This information is a matter of public record and may be published or reproduced. Womme Supplying talse information on this form may result in conviction of a telony with a fine of up to \$125,000 and/or prison for up to s years. (ORS 260.715) A person may only life for one lucrative of fice at the same election, Unless the person has withdrawn rom the this stilling, all fillings are invalid. (ORS 2219-013(3)) For Office Use Only Cash on Check Number Candidate ID Number Initials Candidate Committee ID Number Receipt Number Office Number

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SA	ME AS A	BAJE	Route		
City	· · · · · ·	State	Zip Code		
				•	
Filing Type					
O Filing of Candida Filing Fees:	cy by Declaration, with	the Required Filing Fee	(ORS 249.056)		
,		Filing of Candidacy   (ORS 249.056)	by Declaration	Filing Fee State	Petition Signatures
Statewide Offices		<b></b> ,		Voters' Pamphlet (ORS 251.095)	Required
Circuit Court Judge	3	\$100 \$50		\$3000 or	500
District Attorney County Judge		\$50		\$600 or \$600 or	300
MSD Executive Of	ficer, MSD Auditor	\$50 \$100		\$600 or \$600 or	300 300
MSD Councilor County Office		\$25		\$600 or \$600 or	300
City Office		\$50		\$600 or \$600 or	300 300
Justice of the Peac		set by charter or ordina n/a	ance	\$600* or	300
*for cities with a popu	llation of 50,000 or more (ORS	5 251.005)		\$600 or	B 300
Filing of candidac	y by <b>prospective</b> petition will not be paid (SEL 30	n with the required an			LECIAL
Filing of candidac	y by <b>completed</b> petition (ORS 249.020, 249.064	, with the required sign	nature sheets certified	by the engranding D	6 2010
2010 Filing Datas P	nmary Election May 18,	2010 and General Elec	llon November 2-201	0	
	Filing for Candidacy		• Voters' Pamphlet	Withdrawing Candid	
Primary Election	First Day <b>September 10, 2009</b>	First Day			
General Election	June 2, 2010	September 10 June 2, 2010	0, 2009	B	Y. 5 2010
<b>D</b>	Last Day	Last Day			18.
Primary Election General Election	March 9, 2010 August 24, 2010	March 11, 201		Last Day <b>March 12, 2010</b>	******
	-myusi 24, 2010	August 24, 20	10	August 27, 2010	***

continued on the reverse side of this form

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From: To: Date: Subject: Dennis Slattery <slattery4council@gmail.com> <christeb@ashland.or.us> 7/13/2010 2:40 PM My Email

Hi Barbara,

when I filled out my paperwork I did not yet have an email account setup for the campaign. Now I do so if you wish to add it or if I should come down and do it please let me know. Thanks for your help. D



## Statement One or More Petition Circulators Will be Paid



#### O Prospective Petition initial filing with filing officer

I/We hereby declare one or more petition circulators will be paid money or other valuable consideration for obtaining signatures of active registered voters on the attached petition. I/We understand the filing officer must be notified not later than the 10th day after I/we first have knowledge or should have had knowledge that no petition circulator will be compensated for obtaining signatures. By signing this document, I hereby state that no circulators will be compensated on this petition based on the number of signatures obtained by the circulator.

#### O Completed Petition signatures submitted to filing officer

By signing this document, I hereby state that no circulators have been compensated on this petition based on the number of signatures obtained by the circulator.

Identify Petition.	
	n bestan ander de de la market ander de server de la de de la de
Signed	Date Signed
Signed	Date Signed
	Date Signed

→ Statement must be signed by the candidate for nomination, the chief sponsor for certificate of nomination, chief sponsor for Minor political party formation petition or all chief petitioners for an initiative or referendum petition.

### **Statement No Petition Circulators Will be Paid**

oplying false information on this form may result in conviction of a felory



with a line of up to \$125,000 and/or prison for up

**Prospective Petition** Initial Filing with Filing Officer

I/We hereby declare no petition circulators will be paid money or other valuable consideration for obtaining signatures of active registered voters on the attached petition. I/We understand the filing officer must be notified not later than the 10th day after I/we first have knowledge or should have had knowledge that any petition circulator will be compensated for obtaining signatures. By signing this document, I hereby state that no circulators will be compensated on this petition.

#### O Completed Petition Signatures Submitted to filing officer

By signing this document, I hereby state that no circulators were compensated for obtaining signatures on the appropriate petition.

Identify Petition	
Dannes Slattery - Councel	ros. 4 Jul Stress
Signed . Latter	7 4 10 2010 Date Signed
Signed	**************************************
· · · · · · · · · · · · · · · · · · ·	Date Signed
Signed	Date Signed

Statement must be signed by the candidate for nomination, the chief sponsor for certificate of nomination, the chief sponsor for Minor political party formation petition, or all chief petitioners for an initiative or referendum petition.

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

	PLEASE TYPE OR PRINT L	EGIBLY IN BLACK INK	
🕅 Candidate 🛛 Political Committee	Primary 20	0 General 20 10	Other Election Date
Candidate or Political Committee Name			Committee Identification Number
Treasurers Full Name			Telephone Number (day) 54 890 0506
	LACE ASHLA	21. OR 97	1520
Office of Filing City Council	Resition 44.		
I certify that if I am signing as a candidate, I will not mal campaign committee), or, if I am signing as a treasurer not make attributable expenditures in this election in exc	e attributable expenditures for of a political committee organiz	this election in excess of \$3	<b>,213.25</b> (including expenditures of my principal to oppose a candidate, I certify that the committee will
Candidate or treasurer's signature		Date Signed 7/6/	10
/ [NOTE: if the candidate or committee treasurer elect above.]	s NOT to be bound by the exp	penditure limitations, the f	ollowing line should be signed instead of the line
l elect not to be limited to the attributable expenditures a	specified in this certificate and c	ity ordinance.	
Candidate or treasurer's signature	C	Date Signed	
The City Recorder is authorized to publish a statement in expenditures.	n the City, indicating whether or	not the candidate has agre	ed to limit (Authorized Use)
If the City Recorder or the City Attorney finds that a can the applicable expenditure limit, at the next election at w Recorder shall publish a statement, in the City, indicating	hich the candidate is a candida	ite for election to public oπic	
	<u></u>		

Ξ

etition for	Nonpartisan Nomination Signature Sheet Petition	10 <u>-2010-02</u>
Alexandra Canalidatas I	No Petition circulators will be paid (mark one) nominating petition. Signers of this page must be active registered voters in the following county: Jackson Petition signatures must be verified before the petition can be filed with the filing officer. In ample time for the process to be completed before 5pm on the filing deadline day.	
Candidate's Name	Slattens (marcil 103, # 7 (1140+ MSMURA	e for comination
To the Secretary o	<b>State of Oregon/County Elections Official/City Recorder</b> , We, the undersigned voters, request the candidate's name printed above the placed upon the appropriate ballot at the next <b>Ceneral 2010</b> election following the filing of this petition all any changes that they or the circulator makes to their printed name, residence address or date they signed the petition	n.
Signers must initi	Date Signed mm/dd/yy Print Name Residence or Mailing Address street, city, zip code Date Signed mm/dd/yy Print Name I405 Findecues Tiere, city, zip code	Precinct # optional SALANO, OL 975
		······································
ellaion carcinea		lividual is an elector qualified
	witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each inc ORS 249.061) I also certify that compensation I received, if any, was not based on the number of signatures obtained for this petition. V t in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715)	Warning! Falsely signing this
rculator Signatur	e Date Signed mm/dd/yy	
ullerer erg		
nted Name of Cl	rculator Circulator's Address street, city, zip code	
ereby certify	signatures on this petition are those of active registered voters in County, Oregon.	
unature of Count	y Elections Official Date Certified mm/dd/yy	Sheet Number
121 rev 01/10 ORS 248.072	Secretary of State Elections Division   255 Capitol St. NE, Suite 501, Salem, OR 97310   p. 503.986.1518   f. 503.3	

 $\equiv$ 

## CITY OF ASHLAND

July 6, 2010

**Dennis Slattery** 1405 Pinecrest Ashland OR 97520

A prospective petition has been completed and filed with the City Recorder's Office for City Council Position #4

A petition has been approved for circulation.

Wristerser

Barbara Christensen City Recorder

CITY RECORDER/TREASURER Tel: 541-488-5307 20 E Main Street Ashland, Oregon 97520 www.ashland.or.us

Fax: 541-552-2059 TTY: 800-735-2900



# ASHLAND

July 19, 2010

**Dennis Slattery** 1405 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 City Council Position #4.

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

Aristensen

Barbara Christensen City Recorder/Treasurer

CITY RECORDER/TREASURER Tel: 541-488-5307 20 E Main Street Ashland, Oregon 97520 www.ashland.or.us

Fax: 541-552-2059 TTY: 800-735-2900



111 1

Petition Processing Statistics Report Date : 7/8/2010 3:20:12 PM

Number :Ashland-2010-02 Title :City Council pos. 4 - Dennis Slattery

#### Petition Information

Petition Name :	City Council pos. 4 - Dennis Slattery		
Petition Date :	07/06/2010 Date Filed : 07/06/2010		
End Circulation Date :	08/24/2010		
Minimum Signatures Required :	25	Accepted Of Minimum: (136%)	
Total Signatures Processed :	34		

	Pro	ocessing Summary	Sample: All	
Total Accepted Signatures	5:	27	(79%)	Of Those Processed
Accepted Registrant	:	27	(100%)	Of Those Accepted
Total Rejected Signatures	:	7	(21%)	Of Those Processed
Accepted Reason			Total	(% Rejected)
Valid Signature			27	(100%)
Rejected Registrant	:	5	(71%)	Of Those Rejected
Rejected Reason			Total	(% Rejected)
Signatures Do Not Match			5	(71.4%)
Not Registered (Includes Cancelle	d)		2	(28.5%)

Petition for Nonpartisan Nomination Signature Sheet	Petition ID 2010-02
O One or More No Petition circulators will be paid (mark one) This is a candidate nominating petition. Signers of this page must be active registered voters in the following county:	Jackson
Candidate's Name Slattens Office Office District or Position	
(2) If the stand official/City Recorder We the undersigned voters, request the ca	-
Signature Date Signed mm/dd/yy Print Name Residence or Mailing	Address street, city, zip code Precinct # optional ECLEST TERK. AS HLAND, OL 975
Mulu Plackup 7/6/10 Sundra Slattery 1/405 Finecres	+ Terrace Ashland, OR 97520 00RSF Ashland, OR 97520
A Pana AL VILLO DANA FORMILLER 498 Climton St. F	Ashland OR 9752D
6 Cany CARD 7-6-10 ROBERT ARAEN 370 COURTN	st Ashland or 270-20
8 am TG-10 lainerine 1. Show	Oak St Ashland OR 97520 go Bivar Rock Rd 97520
10 Juckey 2- Shaw 7-6-10 Rickey L. SHAW 880	6 Oak St. Hours of Parts 20
<b>Circulator Carametrion Risconfication must</b> be signed by the circulator <b>Circulator Carametric Reservence</b> on the signature sheet by each individual whose signature appears on the signature to sign the retition. (ORS 249 061) I also certify that compensation I received, if any, was not based on the number of signature statement may result in conviction of a fellow with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715)	8/10
Circulator Signature Date Signed mp/de Dennis Schttene 1405 Tinle Circulator's Addrese	TSA (40) 14970
Conney Elections Condication	
I hereby certify $\underline{/0}$ signatures on this petition are those of active registered voters in $\underline{C.1y}$ of Ashland, $\underline{T}$	01
	dd/yy Sheet Number
Signature of County Elections Official Date Certified mm/	កម្ពុជាអំណើមតាមការការជ្រោម ក្រុមវិនីអាការជានាំដែរការដ៏ជាអាចនូវការប្រាស់អាជាធិបានជាវាធិនា

Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p. 503.986.1518 | f. 503.373.7414 | www.oregonvotes.org

Petition for Nonpartisan Nomination Signature Sheet	Petition ID
O       One or More       X       No       Petition circulators will be paid (mark one)         This is a candidate nominating petition. Signers of this page must be active registered voters in the following county:       Jac         Note to Candidate: Petition signatures must be verified before the petition can be filed with the filing officer.       Submit the petition in ample time for the process to be completed before 5pm on the filing deadline day.	ckson
Candidate's Name Slattand Office Office Pos # 4 City of AS	iland
To the Secretary of State of Oregon/County Elections Official/City Recorder, We, the undersigned voters, request the candidate	
-> Signers must initial any changes that they or the circulator makes to their printed name, residence address of date they signed the print Name Residence or Mailing Address	
1 mars min 7/6/10 JOYCE B. EPSTEIN 1094 LINDA ME MIH	Aspland 97520
2 M awy & M astain 7/6/10 Mary S Mastein 227 branche St 3 Dum Dhis 7/6/10 Burny D Lewis 152 N. Pioneer St	FI ASHOND, 97520.
4 102 The Dave Daley 112 Brooks Lare	Ashland 97520 Ashland 97520
5 The Alexander TILLIO ALEXANDER TILD 765 ALTA AVE	ASHLAND 97520
1 Cur W. Surpres 7/6/10 Ason Standered 408 Criminal Parties	Ro Astheno 97520 Ro Ashlano 9750
BB bet C Ze 7-6-Zero Elizabeth (akede 150 month), BR MUXM ason 7-10-10 Keily Mason 740 Jaquelyn St.	Ashland 97520.
10 ALLENG DRESCHER 115 NOB HILL ST	ASHUND 97520
Circulator cartification inisicant cation must be signature sheet by each individual whose signature appears on the signature sheet, if any, was not based on the number of signatures obtain to sign the petition. (ORS 249.061) Later certify that compensation I received, if any, was not based on the number of signatures obtain statement may result in conviction of a relong with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 269.715)	, and I believe each individual is an elector quali ined for this petition. <b>Warning!</b> Falsely signing
	- Ashland, OK 9752 et, city, zip code
Printed Name of Circulator Conditive Registered voters in City of Achiland Tacks Thereby certify 7 signatures on this petition are those of active registered voters in City of Achiland Tacks Thereby Certify 7. 91-10	County, Oregon.
Signature of County Elections Official	Sheet Number

SEL 121 rev 01/10 ORS 249.072

N

Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 19

Petition for No	npartisan Nor	nination Signature Sheet		Petition ID	2010-02
O One or More This is a candidate nomi	No Petition cir	culators will be paid (mark one) of this page must be active registered voters fied before the petition can be filed with the fil b be completed before 5pm on the filing deadling	in the following county: Jack	ଽଡ଼୵୲	
Candidate's Name	la Hens	Conon cel Pos # 4	District or Position Number if Cuty of AShla	ind	
To the Secretary of Star	te of Oregon/County Ele	ctions Official/City Recorder, We, the unde	ce address or date they signed the petition	n	. •
Signature	Date Signed	mm/dd/yy Print Name	Residence or Mailing Address stre	St A SILLA	einct # optional <u>n1</u> 97520 97520
31000	7/6/10 7/6/10	JOHN FREEDOM 390,40 DAUID W. FADDE		T. ASHLAN	9.752
1 5 D	7/6/10	Micharles LEILA Michard Silg2	2935 NOVE DR	Astm	97520
1 of June Syneyal	7/6/10	Stanley Gida Susan Dyss GGAED	266 Sheridan 1330 Tolman Creek Rd	Ashland Ashland	97520
8 Rebecca B	anco 7/6/10	Rebecca Bianco Greg Lemhouse	761 Salishan C 2850 Wedgewood In	<u>+ Fishlen</u> - Ashlan	<u>\</u>
12 Ling =		Liviz Genise	840 OSK Knoll	Amian	97550
I hereby certify that with	essed the signing of the s	ignature sheet by each individual whose signat compensation I received, if any, was not base fine of up to \$125,000 and/or prison for up to		believe each individual or this petition. Warnin	is an elector qualified g! Falsely signing this
	SlATTERY	1	Date Signed mm/dd/yy 1405 P.WECLEST Circulator's Address street, city		, OR 9752
Printed Name of Circula Gouldty: Foct and Soft Circula I hereby certify Signature of County Elec	<b>Contraction</b> signatures on this petitio	n are those of active registered voters in $\_C$ ;	ty of Ashland Jackson 7-9-10 Date Certified mm/dd/yy		03 heet Number

Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p. 503.986.1518 | f. 503.373.7414 | www.oregonvotes.org

A

Petition for	Nonpartisan Nomination Signature Sheet	Petition ID _ 2010-02
Note to Candidate:	No Petition circulators will be paid (mark one) nominating petition. Signers of this page must be active registered voters in the following county: Jackson Petition signatures must be verified before the petition can be filed with the filing officer. In ample time for the process to be completed before 5pm on the filing deadline day.	
Candidate's Name Dennis	Slattery Councel Pos. # 4 City of Ashland	
To the Secretary of to the office indicate	f State of Oregon/County Elections Official/City Recorder, We, the undersigned voters, request the candidate's name print ed, be placed upon the appropriate ballot at the next <u>Sceneral 2010</u> election following the filing of this	ed above, for nomination
→ Signers must initi	al any changes that they or 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, z	ip code <b>Precinct #</b> optional
1 noswan		Ashland OR 97520
2 avan a Can	7-7-10 SUSAN OCAIN 263 Granite St, Ashland, C	R 97520
3 RollfRla.	7-7-10 ROBERT R. CAIN 263 GRANITE ST A	HUHAND, OR 97520
Xal/ht	717/10 Brandon Schilling 795 Park St. Apt. 6 A	
5		
6		
<u>.</u>		
7		
8		
9		
10		
enstator earthand		
I hereby control that I	witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe e	ach individual is an elector qualified
to sign the petition. IC	ORS 249.061 I also certify that compensation I received, if any, was not based on the number of signatures obtained for this per (a) conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715)	tition. warningi Faisely signing this
	7/8/10	
Circulator Signature	Date Signed mm/dd/yy	
Dennis		AND, OK 97520
Printed Name of Cir		
Golliny Romans Off		
I hereby certify	4 signatures on this petition are those of active registered voters in C: ty of Ashlaud, Tackson County, C	regon.
4724	0C 7.9-10	04
Signature of County	7 Elections Official Date Certified mm/dd/yy	Sheet Number
EL 121 ( W 01/10 ORS 249.072	Secretary of State Elections Division   255 Capitol St. NE, Suite 501, Salem, OR 97310   p. 503.986.1518	f. 503.373.7414   www.oregonvotes.org

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