

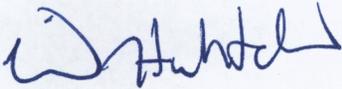
CITY OF
ASHLAND

7/30/2020

Julian Bell
880 Glendower St.
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 #3.

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 338

rev. 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 type="checkbox"/> 2020

Petition Information	
Petition ID/Candidate's Name <i>Cc 2020-03</i> <i>Julian Bell</i>	Type <input type="checkbox"/> Candidate Nominating <input checked="" type="checkbox"/> Voters' Pamphlet, Candidate <input type="checkbox"/> Voters' Pamphlet, Measure

Type of Filing	Number of Signatures Submitted
<input type="checkbox"/> Candidate Nominating	
<input checked="" type="checkbox"/> Voters' Pamphlet, Candidate	<i>40</i>
<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 <i>Julian Bell</i>	Contact Phone <i>503 577 4122</i>	Email Address <i>julianbell@hotmail.com</i>
Signature <i>J Chamber</i>		Date Signed <i>8-4-20</i>

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

County: JACKSON
User Name : Myers, Trisha

Petition Processing Statistics Report

Date : 7/30/2020 2:46:11 PM

Number :CO2020-03 Title :Ashland City Council Pos 3 Julian Bell

Petition Information

Petition Name : Ashland City Council Pos 3 Julian Bell

Petition Date : 07/17/2020

Date Filed : 07/17/2020

End Circulation Date : 07/20/2020

Minimum Signatures Required : 25

Accepted Of Minimum : (104.00%)

Total Signatures Processed : 40

Processing Summary Sample: All

Total Accepted Signatures : 26 (65%) **Of Those Processed**

Total Rejected Signatures : 14 (35%) **Of Those Processed**

Accepted Reason	Total	(% Rejected)
-----------------	-------	--------------

Valid Signature	26	(100%)
-----------------	----	--------

Rejected Reason	Total	(% Rejected)
-----------------	-------	--------------

Not Registered	5	(35.7%)
----------------	---	---------

Out of District	7	(50%)
-----------------	---	-------

Printed Signature	1	(7.1%)
-------------------	---	--------

Not Registered Canceled	1	(7.1%)
-------------------------	---	--------

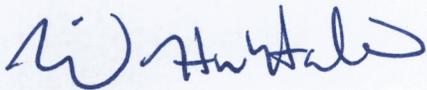
CITY OF
ASHLAND

July 16, 2020

Julian Bell
880 Glendower Street
Ashland OR 97520

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

Petition ID C2020-03 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 JUL 13 2020

MH

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: *City Councilor, Position 3*

District, Position or County: *City Councilor, City of Ashland, OR*

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 Yes No

Some circulators may be paid Yes No

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
<i>Julian</i>		<i>Bell</i>		

How you would like your name to appear on the ballot

Julian Bell

Candidate Residence / Route Address

Street Address	City	State	Zip	County
<i>880 Glendower St</i>	<i>Ashland</i>	<i>OR</i>	<i>97520</i>	<i>Jackson</i>

Candidate Mailing Address and Contact Information Only one phone number and an email is required.

Street Address or PO Box	City	State	Zip
<i>880 Glendower St</i>	<i>Ashland</i>	<i>OR</i>	<i>97520</i>

Work Phone	Home Phone	Cell Phone	Fax
		<i>Cell: 503 577 4122</i>	

Email Address	Web Site, if applicable
<i>julianbell@hotmail.com</i>	

Race and Ethnicity Optional

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

Physician

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

Physician, Providence Medical Group South

Educational Background (schools attended)

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
New York Medical College	MD	MD	MD
Cornell University		BA	

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.

Ashland Parks & Recreation Commission January '18 - present
Climate Policy Commission, Position 7, 9/5/2019 - present

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)

J. Campbell

7-16-20

Candidate Signature

Date

Candidate Signature Sheet | Nonpartisan

Petition ID

CC 2020-03

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	
Name	Julian Bell
Office	Ashland City Council Position # 3
Election	Nov 3 2020
District or Position Number (include city if applicable)	

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>Julian Bell</i>	7-28-20	Lyn dia Hawes	162 Jessica Ln Ashland, OR 97520
2 <i>Mary Gardner</i>	7-28-20	Mary Gardner	319 Craver Ave 97520
3 <i>Mike Gardner</i>	7/29/20	Mike Gardner	349 Orange Ave Ash 97520
4 _____			
5 _____			
6 _____			
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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

Julian Bell

Date Signed mm/dd/yy

7-30-20

Sheet Number

Completed by Candidate

Printed Name of Circulator

Julian Bell

Circulator's Address street, city, zip code

880 Glendower St Ashland OR 97520

Candidate Signature Sheet | Nonpartisan

Petition ID CC 2020-03

SOME Circulators No Circulators for this petition are being paid.

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County _____

Candidate Information

Name	<u>Tulian Bell</u>	Office	<u>As Mand City Council Position # 3</u>
Election	<u>Nov 3 2020 General Election</u>	District or Position Number (include city if applicable)	

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.

! 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>Robert Gutierrez</u> | <u>7-18-20</u> | <u>Robert Gutierrez</u> | <u>Po Box 991 As Mand OR</u> |
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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.

Tulian Bell

7-20-20

Circulator Signature

Date Signed mm/dd/yy

Tulian Bell

880 Stenders St As Mand OR 97520

Printed Name of Circulator

Circulator's Address street, city, zip code

Sheet Number Completed by Candidate

Candidate Signature Sheet | Nonpartisan

Petition ID CC2020-07

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 _____

Candidate Information

Name	<u>Julian Bell</u>	Office	<u>Ashtland City Council #3</u>
Election	<u>Nov 3 2020 General Election</u>	District or Position Number (include city if applicable)	

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 | <u><i>DM</i></u> | | <u>DM</u> | <u>2588 St. Ashland</u> |
| 2 | | | | |
| 3 | | | | |
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| 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 *Julian Bell* Date Signed 7-20-20 Sheet Number _____
 Completed by _____
 Candidate _____

Printed Name of Circulator Julian Bell Circulator's Address 880 Henderson St Ashland OR 97520

Candidate Signature Sheet | Nonpartisan

Petition ID CC 2020-03

SOME Circulators No Circulators for this petition are being paid.

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County _____

Candidate Information

Name	<u>Julian Bell</u>	Office	<u>Asheville City Council #3</u>
Election	<u>Nov 3 2020</u>	District or Position Number (include city if applicable)	

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 | <u>[Signature]</u> | <u>7-18-20</u> | <u>C.T. Sharpe</u> | <u>391 Liberty 97520 Asheville NC 97520</u> |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

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Circulator Signature [Signature] Date Signed 7-20-20

Printed Name of Circulator Julian Bell Date Signed 880 Wendover St Asheville NC 97520

Sheet Number Completed by Candidate

SOME Circulators for this petition are being paid.
 No Circulators for this petition are being paid.
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 Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer.

County _____

Candidate Information	
Name	Office
Tulian Bell	Ashland City Council position # 3
Election	District or Position Number (include city if applicable)
Nov 3 2020	General Election

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.
 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>Paul D. Newcomb</i> | 7/19/2020 | Paul D. Newcomb | 830 Cambridge St - Ashland OR 97520 |
| 2 _____ | | | |
| 3 _____ | | | |
| 4 _____ | | | |
| 5 _____ | | | |
| 6 _____ | | | |
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| 8 _____ | | | |
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Circulator Signature *Tulian Bell* Date Signed *7-20-20*

Printed Name of Circulator *Tulian Bell* Date Signed *880* Sheet Number *880*
 Circulator's Address *Glendover St Ashland OR 97520* Completed by *880*
 street, city, zip code

SOME Circulators No Circulators for this petition are being paid.

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County _____

Candidate Information	
Name	<u>Julian Bell</u>
Office	<u>Asheband City Council Position 3</u>
Election	<u>Nov 3 2020 General election</u>
District or Position Number (include city if applicable)	

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 |
|---------------------------------------|----------------------|--------------------------|---|
| <u>PP</u>
<u>Heather Brunetti</u> | <u>7-18-20</u> | <u>Heather Brunetti</u> | <u>756 Cambridge St Asheband OR 97520</u> |
| <u>02</u>
<u>Clayton J. Kosley</u> | <u>7-18-20</u> | <u>Clayton J. Kosley</u> | <u>765 Cambridge St "</u> |
| 3 _____ | | | |
| 4 _____ | | | |
| 5 _____ | | | |
| 6 _____ | | | |
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| 9 _____ | | | |
| 10 _____ | | | |

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Circulator Signature Julian Bell Date Signed 7-20-20

Printed Name of Circulator Julian Bell Date Signed mm/dd/yy
880 Stenbaker St
Circulator's Address street, city, zip code Asheband OR 97520

Sheet Number Completed by Candidate

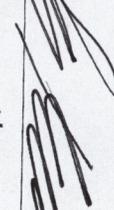
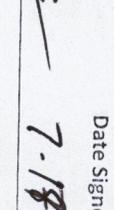
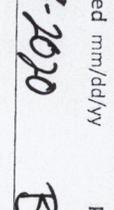
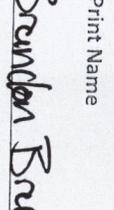
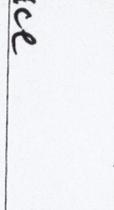
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Candidate Information County Sackson

Name Juliann Bell Office Ashland City Council Position # 3

Election General 3 Nov 2020 District or Position Number (include city if applicable)

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.
 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
	7-18-2020	Brandon Bruce	679 Clay Street Ashland OR
	7-17-20	Frederic Kenyon	11444 Corp Road Ashland
	7-17-20	Patricia Hoffmann	1764 Ashland Mine Rd
	7-17-20	Paula Kenyon	11444 Corp Road Ashland
	7-17-20	Shannon Rinefort	42 Jensen Lane Ashland
	7/17/20	Yasoska Rosales	2508 A St. suite 1 #108 Ashland OR

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Circulator Signature Stella Burkett Date Signed mm/dd/yy 07/17/20

Printed Name of Circulator Stella Burkett Sheet Number 880

880 Glenwood - St Ashland OR 97522 Completed by Stella Burkett Candidate

Candidate Signature Sheet | Nonpartisan

Petition ID

Co 2020-03

SOME Circulators No Circulators for this petition are being paid.

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

County

Candidate Information

Name	Julian Bell	
Office	Ashland City Council Position # 3	
Election	Nov 3 2020	General Election
District or Position Number (include city if applicable)		

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
<i>[Signature]</i>	7/19/2020	JASON R. BECK	885 Glenlauer St Ashland, OR 97520
<i>[Signature]</i>	7/19/2020	Travis A Brownwood	139 N Laurel St Ashland, OR 97520
<i>[Signature]</i>	7/19/2020	Emma R. Palumbo	139 N Laurel St Ashland OR 97520
<i>[Signature]</i>	7/19/20	Peggy Mee	594 Sutton Pl " " "
<i>[Signature]</i>	7/19/20	Janae Robert	1250 Siskiyou Blvd. 1350 N. Siskiyou
<i>[Signature]</i>	7/19/20	Carmen Parks	1250 S " " "
<i>[Signature]</i>	7/19/20	Michael Surgeon	3035 Siskiyou Blvd, 97520
<i>[Signature]</i>	7/19/20	Jamie Hickner	641 Faith Ave Ashland 97520
<i>[Signature]</i>	7/19/20	Maeve Lanvey	795 Park St Ashland OR 97520
<i>[Signature]</i>	7/19/20	Barbara Stettani	822 Hillcrest 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 Julian Bell Date Signed mm/dd/yy 7-20-20 Sheet Number Completed by Candidate

Printed Name of Circulator Julian Bell Circulator's Address street, city, zip code 880 Glenlauer St Ashland OR 97520

Candidate Information
 Name: Julian Bell Office: Ashland City Council Position # 3
 Election: Nov 3 2020 General Election District or Position Number (include city if applicable): _____

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
<u>[Signature]</u>	<u>07/18/20</u>	<u>David Bywater</u>	<u>860 Cambridge St. Ashland 97520</u>
<u>[Signature]</u>	<u>07/18/20</u>	<u>Shelagh Forester</u>	<u>860 Cambridge St. Ashland 97520</u>
<u>[Signature]</u>	<u>7/19/20</u>	<u>Angela Walker</u>	<u>875 Clay St. Ashland OR 97520</u>
<u>[Signature]</u>	<u>7/19/20</u>	<u>Stella Burkett</u>	<u>880 Glendower St. Ashland OR 97520</u>

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: 7-20-20

Printed Name of Circulator: Julian Bell Circulator's Address street, city, zip code: 880 Glendower St Ashland OR 97520
 Sheet Number Completed by Candidate: _____

Candidate Signature Sheet | Nonpartisan

Petition ID CV 2020-03

SOME Circulators No Circulators for this petition are being paid.

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

County _____

Candidate Information

Name	<u>Tejiam Bell</u>	Office	<u>Seaside City Council Position #3</u>
Election	<u>Nov 3 2020 General Election</u>	District or Position Number (include city if applicable)	

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>David Fairbrother</i>	<u>7-18-2020</u>	<u>DAVID FAIRBROTHER</u>	<u>707 WALKER AVE SEASIDE, OR</u>
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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.

Tejiam Bell 7-20-20

Circulator Signature

Date Signed mm/dd/yy

Sheet Number

Completed by Candidate

Printed Name of Circulator Tejiam Bell Circulator's Address 880 Spendor St Seaside OR 97132

VOLUNTARY CONTRIBUTION & SPENDING LIMITS FOR CANDIDATES FOR CITY OFFICES

AMC 2.41

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

<input checked="" type="checkbox"/> Candidate	Political Committee		Primary 20	General 20 <input checked="" type="checkbox"/>	Other Election Date
Candidate or Political Committee Name		Friends of Julian Bell			
Treasurer's Full Name		NA			
Address (street or route, city, state, zip code)		880 Glenview St Ashland, OR 97520			
Office of Filing		City Council, position #3			
<p>I certify that if I am signing as a candidate, I will not make attributable expenditures for this election in excess of \$3,875.00 (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 \$3,875.00.</p>					
Candidate or treasurer's signature		Julian Bell			
		Date Signed 7-16-20			
<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>RECEIVED JUL 16 2020</p> <p><i>[Signature]</i></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>					