

Statement of Justification

SEL 352

rev 01/18
ORS 249.877

Public Officer

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. This statement must be submitted no later than 5 days after the filing officer determines the recall petition contains sufficient signatures.

Filing Officer

State County for both county and district offices City

Public Officer Information

Name	Michael A. Gardiner	Contact Phone	541 890-2487
Residence Address street, city, state, zip	349 Orange Ave. Ashland, OR 97520		
Mailing Address if different		Email Address	mikeg@ashland.or.us

Statement Provide a statement of justification of term in office in 200 words or less.

This election is about accountability. As commissioners, we expect Ashland citizens to hold us accountable for managing the Ashland Parks and Recreation Commission budget and for holding all APRC employees accountable for their job performance. Citizens who disagree with our difficult and necessary personnel decisions and then falsely claim commissioner malfeasance only make problem-solving more difficult. This tactic does not promote stronger city government.

We commissioners have managed our city-approved budget with careful diligence. There is no pending threat to the city general fund either by audit, by city administrator reprimand, or by City Council action and to broadly suggest otherwise is flat wrong.

We are diligent in our open meeting protocols with absolutely nothing to hide and not a single citation or substantiated complaint or violation on record.

Our ex-senior program manager authored her own misfortune by failing to accept the accountability and responsibilities that belong to that management position. Commissioners Rick Landt, Jim Lewis and I made the responsible decision to recommend the restructure of the Ashland Senior Program. We unanimously performed our duty as difficult as it may have been.

Your vote is very important. Thank you for your support and your no vote on recall.

By signing this document I hereby certify that the information in the above statement of justification is true.

M A Gardiner

2/6/18

Public Officer's Signature

Date Signed

For Office Use Only

Initials MAH

Date and Time Stamped

RECEIVED FEB 06 2018
11:00 AM
RECEIVED FF