

**Contact Information:** Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-474-5165 ext 3718	541-476-6168		541-474-5171 (wk)
Email Address		Web Site, if applicable	
morganlily@gmail.com			

**Occupation (present employment)** If no relevant experience, None or NA must be entered.

Parole/Probation Program Supervisor (April 2014-Present)

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

Parole/Probation Officer (Dec 2005-Mar 2014)  
 911 Dispatcher (Sept 2000-Dec 2005)  
 Marketing Assistant (June 1998-Aug 2000)

**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
Southern Oregon University		Masters in Management (in progress)	Business Management
Seattle Pacific University		Bachelor of Arts	Sociology
Rogue Community College		Certificate	ROLEA
Grants Pass High School	12th	Diploma	

Educational Background (other) Attach a separate sheet if necessary.

New Hope Christian School (10th), North Middle School (7th), Lincoln Elementary School (5th)

**Prior Governmental Experience (elected or appointed)** If no relevant experience, None or NA must be entered.

Grants Pass City Council, April 2010-Present (Elected)  
 Local Alcohol and Drug Planning Committee (Appointed)  
 Council President, Grants Pass City Council 2013, 2014  
 Grants Pass Budget Committee, PAVE Committee, COPA Liaison, HSBC Liaison, City Charter Task Force Chair (Appointed)

**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).

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)

10/19/15

Date Signed

**Candidate Filing**  
Major Political Party or Nonpartisan

*Confidential Address*

RECEIVED  
OCT 21 2015

*Comm. #3*  
SEL 101  
rev 09/15  
ORS 249.031

Filing Dates	Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
<b>Primary Election May 17, 2016</b>		Filed electronically using ORESTAR	
First Day to File	September 10, 2015	January 18, 2016	
Last Day to File	March 08, 2016	March 10, 2016	March 11, 2016
<b>General Election November 8, 2016</b>			
First Day to File	June 1, 2016	July 11, 2016	
Last Day to File	August 30, 2016	August 30, 2016	September 2, 2016

JOSEPHINE COUNTY CLERK

**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)

**Office Information**

Filing for Office of: County Commissioner

District, Position or County: Josephine Position #3

Party Affiliation:  Democratic Party  Republican Party  Independent Party  Nonpartisan

Incumbent Judge:  Yes  No  Nondisclosure on file

**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

**Candidate Information**

**Name of Candidate**

First	MI	Last	Suffix	Title
Lily	N	Morgan		

**How you would like your name to appear on the ballot**

*Lily Morgan*

**Candidate Residence/Route Address**

Street Address	City	State	Zip	County
<i>CONFIDENTIAL ADDRESS</i>				

**Candidate mailing Address**

Street Address or PO Box	City	State	Zip
<i>510 NW 4th St</i>	<i>Grants Pass</i>	<i>OR</i>	<i>97526</i>