

August 31, 2016

RECEIVED

AUG 31 2016 9:55AM
JOSEPHINE
COUNTY CLERK



Trisha Myers
Josephine County Clerk
Courthouse
Grants Pass, OR 97526

RE: Nonpartisan Filings for City Council Positions – General Election November 8, 2016

Dear Trisha,

I hereby certify that for the general election of November 8, 2016, the following candidates have filed a Declaration of Candidacy for the offices identified below.

Mayor:

Mayor term ending approximately December 31, 2020

Darin Fowler, 1214 SW Oak Street

Council Member (by Ward):

Ward No. 1 term ending approximately December 31, 2020

Tyler Flaming, 245 NW Conklin Ave.

Mary Theresa Wertz, 1018 SW J Street

Ward No. 2 term ending approximately December 31, 2020

Valerie Lovelace, 802 NE Oregon Ave.

Chris Burrow, 1749 NE Foothill Blvd.

Ward No. 3 term ending approximately December 31, 2020

Jason Sharp, 760 Rogue River Hwy.

Don Hartline, 1051 E. Park Street #68

Dennis J. Douglass, 1470 Ben Aire Circle

Ward No. 4 term ending approximately December 31, 2020 (4 year term)

Barry Eames, 2395 Redwood Ave. Sp. 50

Ronald F. Schutz, 1240 Wineteer Lane

Ward No. 4 term ending approximately December 31, 2018 (2 year term)

Jason M. Anderson, 1490 SW David Dr.

Copies of the candidates filing of Candidacy for Nonpartisan Nomination forms (SEL 101) have been provided. Please feel free to contact me if you have any questions. I can be reached at 541.450.6010.

Sincerely,

A handwritten signature in black ink that reads "Karen Frerk". The signature is fluid and cursive.

Karen Frerk
City Recorder
CF#: 065-2016

Candidate Filing

SEL 101

Major Political Party or Nonpartisan

rev 09/15
ORS 249.031

Filing Dates	Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
Primary Election May 17, 2016		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
General Election November 8, 2016			
First Day to File	June 1, 2016	July 11, 2016	
Last Day to File	August 30, 2016	August 30, 2016	September 2, 2016

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: **MAYOR**
 District, Position or County: **GRANTS PASS (JOSEPHINE CO.)**
 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
DARIN	J	FOWLER		

How you would like your name to appear on the ballot

DARIN FOWLER

Candidate Residence/Route Address

Street Address	City	State	Zip	County
1214 SW OAK ST.	GRANTS PASS	OR	97526	JOSE

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
(SAME)			

Contact Information: Only one phone number is required.

Work Phone N/A	Home Phone N/A	Cell Phone 541-660-3696	Fax 541-476-1081
Email Address dfowler33@hotmail.com		Web Site, if applicable N/A	

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

SMALL BUSINESS OWNER

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

SUPERVISING ELECTRICIAN

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
GRANTS PASS HIGH SCHOOL	12	DIPLOMA	GENERIC

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.

RURAL PLANNING COMMISSION URBAN AREA PLANNING COMMISSION GRANTS PASS CITY COUNCIL GRANTS PASS MAYOR	MR MPO - VARIOUS COMMITTEES
--	--------------------------------

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 time of filing. If a person files for more than one office, all filings are invalid. (ORS 249.013 and ORS 249.170)

Ca _____ Date Signed **6-3-16**

Candidate Filing

SEL 101

Major Political Party or Nonpartisan

rev 09/15
ORS 249.031

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Primary Election May 17, 2016		Filed electronically using ORESTAR	
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Filing Officer

Secretary of State County Elections Official City Recorder (Auditor)

Office Information

Filing for Office of: Grants Pass City Council Ward 1

District, Position or County: Ward 1

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
Tyler	P	Flaming		Mr.

How you would like your name to appear on the ballot

Tyler Flaming

Candidate Residence/Route Address

Street Address	City	State	Zip	County
1245 NW Conklin Ave	Grants Pass	OR	97526	Josephine

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
Same as above			

1/19/13

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
		541-660-1234	
Email Address		Web Site, if applicable	
tylerflaming@hotmail.com			

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

Retired Pharmacist

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

1. Oregon Pharmacist
2. Service Drug Store owner/president

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
Lincoln Elementary			
North Middle School			
Grants Pass High School			
Oregon State University		BS	Pharmacy

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.

N/A

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).

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6.10.16

Candidate's Signature

Date Signed

Ballot Filing

SEL 101

Political Party or Nonpartisan

rev 09/15
ORS 249.031

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Filing Officer

Secretary of State County Elections Official City Recorder (Auditor)

Office Information

Filing for Office of: City Council Ward 1

District, Position or County: ward 1

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
<u>MARY</u>	<u>T</u>	<u>WERTZ</u>	<u>MS</u>	

How you would like your name to appear on the ballot

MARY THERESA WERTZ

Candidate Residence/Route Address

Street Address	City	State	Zip	County
<u>1018 SW JST</u>	<u>GRANTSPASS</u>	<u>OR</u>	<u>97526</u>	<u>JOSEPHINE</u>

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
<u>1018 SW JST</u>	<u>GRANTSPASS</u>	<u>OR</u>	<u>97526</u>

Handwritten mark

Contact Information: Only one phone number is required.

Work Phone 956-7818	Home Phone 291-6101	Cell Phone 541-291-6101	Fax
Email Address moonstonerain@gmail.com		Web Site, if applicable	

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

Catalog Production Lead

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

Graphic Designer - Five Mountain Gems
Reporter - Newspaper Illinois Valley, Cave Junction

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
University of Oregon		Bachelors	Journalism
Rogue Community College			

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).

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- 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**
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For Major Political Party Candidates

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- 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.

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Candidate's Signature _____

8/30/2014
Date Signed

Candidate Filing

SEL 101

Major Political Party or Nonpartisan

rev 09/15
ORS 249.031

Filing Dates	Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
Primary Election May 17, 2016		Filed electronically using ORESTAR	
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This filing is an Original Amendment

Filing Officer

Secretary of State County Elections Official City Recorder (Auditor)

Office Information

Filing for Office of: City Council Ward 2

District, Position or County: Grants Pass

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
<u>Valerie</u>	<u>K</u>	<u>Lovelace</u>		

How you would like your name to appear on the ballot

Valerie Lovelace

Candidate Residence/Route Address

Street Address	City	State	Zip	County
<u>802 NE Oregon</u>	<u>Grants Pass</u>	<u>OR</u>	<u>97526</u>	<u>Josephine</u>

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
<u>802 NE Oregon Ave</u>	<u>Grants Pass</u>	<u>OR</u>	<u>97526</u>

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
541-479-0952		541-660-4915	
Email Address llovelace56@gmail.com		Web Site, if applicable	

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

retired teacher

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

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 OR State Univ.		BS Elem. Educ.	Education
Western Alabama Univ	2 yrs online		Counseling

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.

Appointed in January 2016 to City Council Ward 2

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).

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- 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**
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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.

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Candidate's Signature

[Handwritten Signature]

7/8/16
Date Signed

Office Use Only: Initials _____ Batch Sheet/CC Approval Code/Receipt Number _____

Candidate Filing

Chris Burrow, Council 2-G.P.

SEL 101

Major Political Party or Nonpartisan

rev 09/15
ORS 249.031

Filing Dates	Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
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Last Day to File	August 30, 2016	August 30, 2016	September 2, 2016

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This filing is an

Original

Amendment

Filing Officer

Secretary of State

County Elections Official

City Recorder (Auditor)

Office Information

Filing for Office of: CITY COUNCIL

District, Position or County: WARD #2

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 Chris MI D. Last Burrow Suffix _____ Title Mr.

How you would like your name to appear on the ballot

~~Chris Burrow~~ Chris Burrow

Candidate Residence/Route Address

Street Address 1749 N. E. Foothill City GRANTS PASS State OR Zip 97526 County JO.

Candidate Mailing Address

Street Address or PO Box _____ City _____ State _____ Zip _____

2013

Contact Information: Only one phone number is required.

Chris Burrow, Council 2-G.P.

Work Phone

Home Phone

Cell Phone

Fax

541-470-4832

541-441-1823

Email Address

Web Site, if applicable

CODESTAR7@GMAIL.COM

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

NA

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

C.E.O.

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

BEARDON H.S.

12

MULTIPLE TRADES

U.S. NAVY

STATE TECH MEMPHIS

2 yr.

ARCHITECTURE

UNIVERSITY OF TENNESSE

1 yr.

LIBERAL ARTS

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).

By signing this document, I hereby state that:

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- 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
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For Major Political Party Candidates

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Candidate's Signature

Date Signed

3/29/16

Office Use Only: Initials _____ Batch Sheet/CC Approval Code/Receipt Number _____

didate Filing

SEL 101

Major Political Party or Nonpartisan

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ORS 249.031

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Filing Officer

Secretary of State County Elections Official City Recorder (Auditor)

Office Information

Filing for Office of: *City Council*

District, Position or County: *Ward 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 <i>Jason</i>	MI <i>L</i>	Last <i>Sharp</i>	Suffix	Title
--------------------	-------------	-------------------	--------	-------

How you would like your name to appear on the ballot

Jason Sharp

Candidate Residence/Route Address

Street Address	City	State	Zip	County
<i>760 Rogue River Hwy</i>	<i>Grants Pass</i>	<i>OR</i>	<i>97527</i>	<i>Josephine</i>

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
<i>760 Rogue River Hwy</i>	<i>Grants Pass</i>	<i>OR</i>	<i>97527</i>

12 2014

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
		541-951-2282	
Email Address		Web Site, if applicable	

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

Construction - Drilling and Blasting

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

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
Eagle Point High School	12	Diploma	

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.

None

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

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Candidate's Signature

8/29/16
 Date Signed

Candidate Filing

SEL 101

Major Political Party or Nonpartisan

rev 09/15
ORS 249.031

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Primary Election May 17, 2016		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
General Election November 8, 2016			
First Day to File	June 1, 2016	July 11, 2016	
Last Day to File	August 30, 2016	August 30, 2016	September 2, 2016

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: CITY COUNCIL

District, Position or County: GRANTS PASS Ward 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 DON MI W Last HARTLINE Suffix Title

How you would like your name to appear on the ballot

DON HARTLINE

Candidate Residence/Route Address

Street Address 1051 E. PARK City GRANTS PASS State OR Zip 97527 County JO

Candidate Mailing Address

Street Address or PO Box 1051 E. PARK City GRANTS PASS State OR Zip 97527

Handwritten initials and date: VHS 2015

Contact Information: Only one phone number is required.

Work Phone N/A	Home Phone N/A	Cell Phone 541 787 9759	Fax
Email Address N/A		Web Site, if applicable	

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

Retired COMMERCIAL ARTIST

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

N/A

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
ST. THOMAS AQUINAS	12	DIPLOMA	GEN.
SONAR JS NAVY	STG 3	"	SDVA

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.

N/A

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)

Candidate's Signature _____

Aug 30 2016
Date Signed

Candidate Filing

Major Political Party or Nonpartisan

Dennis J. Douglass, Council 3-G.P.

SEL 101

rev 09/15
ORS 249.031

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

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This filing is an

Original

Amendment

Filing Officer

Secretary of State

County Elections Official

City Recorder (Auditor)

Office Information

Filing for Office of: CITY COUNCILOR

District, Position or County: WARD 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 DENNIS MI J Last DOUGLASS Suffix Title

How you would like your name to appear on the ballot

DENNIS J. DOUGLASS

Candidate Residence/Route Address

Street Address 1470 BEN AIRE CIRCLE City GRANTS PASS State OR Zip 97527 County JOSEPHINE

Candidate Mailing Address

Street Address or PO Box SAME - City State Zip

Contact Information: Only one phone number is required.

Work Phone —	Home Phone 541-471-0102	Cell Phone 541-218-3719	Fax 541-471-0102
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Email Address WUTSUPDD@GMAIL.COM	Web Site, if applicable — NONE.
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Occupation (present employment) If no relevant experience, None or NA must be entered.

RETIRED HEAVY EQUIPMENT OPERATOR

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

INVOLVED IN UNION ORGANIZATION, PHONE BANKS, ARBITRATION, VOTING CAMPAIGNING, SAFETY ENGINEER, POLITICAL ACTION COMMITTEE, PROBLEM SOLVING, ANALYZE SITUATIONS, ETC.

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
WOODLAND HIGH SCHOOL, WOODLAND, CALIF. '12	—	GED	
FLOORING CONTRACTOR	—	—	CAL. CONT. LIC
HEAVY EQUIP. OPERATOR	—	—	JOURNEY MAN 30 YEARS
OREGON REALTOR.	—	—	LIC, INACTIVE -

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.

NONE

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)

 Candidate's signature Aug 30, 2016
Date Signed

Candidate Filing

SEL 101

Major Political Party or Nonpartisan

rev 09/15
ORS 249.031

Filing Dates	Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
Primary Election May 17, 2016		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
General Election November 8, 2016			
First Day to File	June 1, 2016	July 11, 2016	
Last Day to File	August 30, 2016	August 30, 2016	September 2, 2016

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This filing is an Original Amendment

Filing Officer

Secretary of State County Elections Official City Recorder (Auditor)

Office Information

Filing for Office of: City Council
 District, Position or County: Grants Pass, Oregon Ward 4 4yr term
 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: Barry MI: R. Last: Eames Suffix: Title:

How you would like your name to appear on the ballot

Barry Eames

Candidate Residence/Route Address

Street Address: 239S Redwood Ave # 50 City: Grants Pass State: OR Zip: 97527 County: Josephine

Candidate Mailing Address

Street Address or PO Box: 1252 Redwood Ave Pmb 138 City: Grants Pass State: OR Zip: 97527

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
	541-218-1403		

Email Address	Web Site, if applicable
BarrageLive.com	NA

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

Retired

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

Owner of Eames & Associates Real Estate Appraisal Business in Grants Pass for 35+ years.

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
University of Oregon		B.B.A.	Business Admin.

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.

Board member of the Josephine County Airport Advisory Committee.
Served briefly on the Josephine County Cusea Committee.
Appointed to the Grants Pass School Dist. Budget Committee.

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**
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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.

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Candidate Signature

8/30/2016
Date Signed

Candidate Filing

Ronald F. Schutz, Council 4-G.P. (4yr term)

SEL 101

Major Political Party or Nonpartisan

rev 09/15
ORS 249.031

Filing Dates	Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
Primary Election May 17, 2016		Filed electronically using ORESTAR	
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First Day to File	June 1, 2016	July 11, 2016	
Last Day to File	August 30, 2016	August 30, 2016	September 2, 2016

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: **City Council--Ward 4** - 4yr term
 District, Position or County: **Josephine**
 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
Ronald	F	Schutz	sr	mr

How you would like your name to appear on the ballot

Ronald F Schutz

Candidate Residence/Route Address

Street Address	City	State	Zip	County
1240 Wineteer In	Grants Pass	or	97527	josephine

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
1240 Wineteer In	Grants Pass	or	97527

Contact Information: Only one phone number is required.

Work Phone: N/A | Home Phone: 541-476-7987 | Cell Phone: 541-218-3486 | Fax: _____

Ronald F. Schutz, Council 4-G.P. (4yr term)

Email Address: ronschutz@charter.net | Web Site, if applicable: _____

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

Retired Department of Transportation. Supervisor

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

Caltrans supervisor rt 199 oregon to crescent city ca (retired)

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
Shasta college	some		avation mech
USAF 4 years 1961 to 1965	6 MONTH SCHOOL	YES	ground support to aircraft

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.

2006 Grants Pass urban tree committee (vice chair)

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

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08/30/2016
Date Signed

Candidate Filing

Jason M. Anderson, Council 4-G.P. (2yr term)

SEL 101

Major Political Party or Nonpartisan

rev 09/15
ORS 249.031

Filing Dates	Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
Primary Election May 17, 2016		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
General Election November 8, 2016			
First Day to File	June 1, 2016	July 11, 2016	
Last Day to File	August 30, 2016	August 30, 2016	September 2, 2016

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This filing is an

Original

Amendment

Filing Officer

Secretary of State

County Elections Official

City Recorder (Auditor)

Office Information

Filing for Office of:

District, Position or County:

City Council
Ward 4 2yr term

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

Jason M Anderson

How you would like your name to appear on the ballot

Jason M. Anderson

Candidate Residence/Route Address

Street Address City State Zip County
1490 SW DAVID DR GRANTS PASS OR 97527 Josephine

Candidate Mailing Address

Street Address or PO Box City State Zip

Same

2/2013

Contact Information: Only one phone number is required. Jason M. Anderson, Council 4-G.P (2yr term)

Work Phone	Home Phone	Cell Phone	Fax
541-474-9713	541-659-5957		
Email Address		Web Site, if applicable	
figarosgp@hotmail.com			

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

Owner - Figaro's Pizza

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

NA

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
Grants Pass High School	12	Diploma	
Rogue Comm College		AAOT	General
Southern Oregon University		Bachelors	Business Admin

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.

NONE

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).

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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.



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08-30-2016

Date Signed

C

Office Use Only: Initials _____ Batch Sheet/CC Approval Code/Receipt Number _____