

CITY OF HUBBARD

3720 2nd Street • P.O. Box 380 Hubbard, Oregon 97032

503-981-9633 Fax: 503-981-8743
www.cityofhubbard.org



June 3, 2020

TO: INTERESTED CANDIDATE

FROM: VICKIE NOGLE, MMC
DIRECTOR OF ADMINISTRATION / CITY RECORDER

RE: FILING FOR MAYOR OR CITY COUNCIL POSITION

The Mayor and two Council positions will be open for the General Election held November 3, 2020. The Mayor shall be elected for a term of two years, and the City Councilor's shall be elected for a term of four years. No person shall be eligible for an elective office of the City unless at the time of the election he/she is a qualified elector within the meaning of the State Constitution and has resided in the City during the twelve months immediately preceding the elections.

If you are interested in a position, the SEL 101 (Candidate Filing Major Political Party or Nonpartisan); and SEL 121 (Candidate Signature Sheet/ Nonpartisan) are attached.

(You may also find them on the State of Oregon's website at the following link:

<https://sos.oregon.gov/elections/Pages/electionforms.aspx>)

Nominations shall be by petition specifying the position, (form SEL121). The petition circulated **must be approved** by the Director of Administration/City Recorder prior to obtaining signatures. The petition shall be signed by not fewer than ten (10) electors. All signatures must be original signatures, and **personally witnessed by the petition circulator**. The circulator's certification must be completed and dated after all signatures have been collected. No additional signatures may be added to the signature sheet once the circulator has signed the certification and dated the sheet. You may want to obtain more than 10 signatures in case someone is not on file as a registered voter.

During any time period in which a state of emergency has been declared within the City by the federal government, the Governor or the City Council, a nomination petition may be accompanied by a \$25.00 fee in lieu of the signatures.

All forms need to be completed and returned to the Director of Administration/City Recorder no later than **AUGUST 25, 2020, at 5:00 p.m.**

Each candidate must establish a campaign account and file a Statement of Organization (form SEL 220) designating a candidate committee **unless** the candidate meets all three of the following conditions:

- The candidate serves as the candidate's own treasurer;
- The candidate does not have an existing candidate committee; and
- The candidate does not expect to receive or spend more than \$750 during a calendar year

The \$750 includes **personal funds** spent for any campaign-related costs, such as the filing fee and voters' pamphlet filing fee. If at any time during a calendar year the candidate exceeds \$750 in either contributions or expenditures, the candidate must establish a campaign account and file a candidate committee not later than **three business days** after exceeding the \$750 threshold and file all transactions not later than seven calendar days after the threshold has been exceeded. If a candidate at any time decides that he/she wants to file the candidate committee even though the threshold has not been exceeded, the candidate must be prepared to disclose all transactions that occurred prior to filing the committee as initial assets, as well as all of the transactions that occur after the committee is filed. Contact the Elections Division if you have questions about calculating the deadlines to file the transactions. For Campaign Finance information, forms, etc. you will find on the Secretary of State's website at www.sos.state.or.us/elections/ there phone number is 503-986-1518.

If you would like to have your picture in the voter's pamphlet, contact Marion County Elections Office at 1-800-655-5388. They can provide you with instructions for submitting your information and photo as well as the filing fee.

If you have any questions, you may contact Marion County Elections Division, 555 Court Street NE, #2130, Salem, OR 97301. [(503) 588-5032 or 1-800-655-5388 / TTY (503) 588-5610]; Secretary of State's Office 503-986-1518 or TTY 1-800-735-2900; or Hubbard Director of Administration/City Recorder at 503-981-9633.

Candidate Filing

Major Political Party or Nonpartisan

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:

District, Position or County:

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 Some circulators may be paid Yes No

Candidate Information

Name of Candidate

| | | | | |
|-------|----|------|--------|-------|
| First | MI | Last | Suffix | Title |
|-------|----|------|--------|-------|

How you would like your name to appear on the ballot

Candidate Residence / Route Address

| | | | | |
|----------------|------|-------|-----|--------|
| Street Address | City | State | Zip | County |
|----------------|------|-------|-----|--------|

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

| | | | |
|--------------------------|-------------------------|------------|-----|
| Street Address or PO Box | City | State | Zip |
| Work Phone | Home Phone | Cell Phone | Fax |
| Email Address | Web Site, if applicable | | |

Race and Ethnicity Optional

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

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

Educational Background (schools attended)

| Complete name of School | Last Grade completed | Diploma/Degree/Certificate | Course of Study |
|-------------------------|----------------------|----------------------------|-----------------|
|-------------------------|----------------------|----------------------------|-----------------|

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.

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)

Candidate Signature

Date

Candidate Signature Sheet | Nonpartisan

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.

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

Petition ID _____

County _____

Candidate Information

| | |
|----------|--|
| Name | Office |
| 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.

 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 _____
- 2 _____
- 3 _____
- 4 _____
- 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 _____

Date Signed mm/dd/yy _____

Sheet Number _____

Completed by
Candidate

Printed Name of Circulator _____

Circulator's Address street, city, zip code _____