

Candidate Filing

SEL 101

Major Political Party or Nonpartisan

rev 12/20
ORS 249.031

Filing Dates		Candidate Filing		Candidate Withdrawal	
Primary Election May 17, 2022	First Day to File Last Day to File	September 9, 2021 March 8, 2022			March 11, 2022
General Election November 8, 2022	First Day to File Last Day to File	June 1, 2022 August 30, 2022			September 2, 2022

Filing Information

This filing is an Original Amendment

Office Information

Filing for Office of: COUNTY COMMISSIONER OR COOS

District, Position or County: POSITION # 2

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	<u>\$50</u>
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
<u>PAMELA</u>	<u>E</u>	<u>LEWIS</u>	

How you would like your name to appear on the ballot

Pam Lewis

Candidate Residence / Route Address

Street Address	City	State	Zip	County
<u>94386 McNEELY LN</u>	<u>COQUILLE</u>	<u>OR</u>	<u>97423</u>	<u>COOS</u>

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

Street Address or PO Box	City	State	Zip
<u>94386 McNEELY LN</u>	<u>COQUILLE</u>	<u>OR</u>	<u>97423</u>
Work Phone	Home Phone	Cell Phone	Fax
		<u>541-396-4348</u>	
Email Address		Web Site, if applicable	
<u>plewis2373@gmail.com</u>			

Race and Ethnicity Optional

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

RETIRED RN

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

COOS COUNTY HEALTH & WELLNESS
SOUTHERN COOS HOSPITAL
COQUILLE VALLEY HOSPITAL

Educational Background (schools attended)

Complete name of School	Last Grade completed	Diploma/Degree/Certificate	Course of Study
COQUILLE HIGH SCHOOL	12	DIPLOMA	
SUOCC		AAS/RN	NURSING
SUOCC		EMT-I	EMERGENCY SERVICES

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

BLS - CERTIFICATE
AELS - CERTIFICATE
PALS - CERTIFICATE
TEAM - CERTIFICATE
TNCC - CERTIFICATE

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.

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)

SIGNATURE REDACTED

1.14.22

Date

For Office User Only Initials _____

Batch Sheet/CC Approval Code/ Receipt Number _____