6-49R

JAN 30 2020 PM 2:51

CITY of POWERS

January 30, 2020

Coos County Elections Office
Attn: Debbie Heller, Coos County Clerk
250 N. Baxter St,
Coquille, OR 97423

RE: Certification of Recall Petition Qualified to Ballot –Councilor James Clauson Jr.

Dear Mrs. Heller,

I have received a completed Statement of Justification from City Councilor James Clauson as of 1:17 PM on January 29, 2020.

Chief Petitioner Robert Leckband's reason for demanding the recall, as submitted on his Prospective Petition for the recall of City Councilor James Clauson Jr., is as follows:

Not governing with the best interest of the majority of the citizens of Powers

City Councilor James Clauson's Statement of Justification is as follows:

When I was sworn in I thought that I was supposed to work for all of the citizens of Powers, not a special interest group.

A copy of each form is enclosed for your records. Please include these items in the text of the recall election ballot. Thank you for your assistance.

Respectfully,

Stephanie R. Patterson
City Recorder and City Elections Official

Enclosures: SEL 350
SEL 352

JAN 30 2020 PM 1:23

Prospective Petition

Recall

SEL 350
rev 04/19
ORS 249.865

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.
Changes to the information provided for the chief petitioner or to the circulator pay status below must be reported to the elections official no later than the 10th day after you first have knowledge or should have had knowledge of the change.

This filing is an: ☒ Original ☐ Amendment

Filing Officer			Some Circulators may be Paid	
☐ State	☐ County for both county and district offices	☒ City	☐ Yes	☒ No

Petition for Recall of Provide the name of the public officer and the position that they currently hold.

Name of Public Officer	Title of Public Officer
James M. Clauson Jr.	City Councilor

Statement Provide the reasons for demanding recall in 200 words or less. Any factual information provided must be true.

Not governing with the best interest of the majority of the citizens of Powers

Chief Petitioner Information The chief petitioner must remain throughout the petition process or the petition is void.

→ By signing this document, I hereby state that any factual information (not a matter of opinion) in the above statement is true.

Name	Contact Phone	Email Address
Robert F. Leckband	541-439-3229	bLleckband@gmail.com

Residence Address street, city, state, zip	Mailing Address if different
222 S. ~~1st~~ East Cedar Place	P.O. Box 558 Powers Or 97466

Signature	Date Signed
Robert F. Leckband	12/9/19

Instructions for Circulators

1 Only active registered voters of the public official's electoral district may sign a petition. Ask each signer if they are an active registered voter in Oregon.
2 A single circulator must personally witness all signatures collected on any one signature sheet. After witnessing each signature on a sheet, use a pen to sign and date the circulator certification.
3 Initial any changes you make to the date you signed the certification. A complete list of allowable circulator certification corrections is provided in the Circulator Training Manual available at www.oregonvotes.gov.
4 **It is against the law for circulators to:**
→ Circulate a petition containing a false signature.
→ Make false statements to any person who signs the petition or requests information about it.
→ Attempt to obtain the signature of a person who is not qualified to sign the petition.
→ Offer money or anything of value to another person to sign or not sign the petition.
→ Sell or offer to sell signature sheets.
→ Write, alter, correct, clarify or obscure any information about the signers unless the signer is disabled and requests assistance or the signer initials after the changes are made.

Warning Violations of the circulator requirements may result in conviction of a felony with a fine of up to $125,000 and/or prison for up to 5 years.

Instructions for Signers

1 Only active registered voters of the public official's electoral district may sign a petition. Use a pen to sign your name, as you did when you registered to vote.
2 Provide the date you signed the petition, your printed name and residence address. Only you may complete this optional information.
3 Initial any changes the circulator makes to your printed name, residence address or date you signed the petition.
4 **It is against the law for signers to:**
→ Sign another person's name under any circumstances.
→ Sign a petition more than one time.
→ Sign a petition when you are not qualified to sign it.

R-C19 SP 12-9-19

JAN 30 2020 PM 1:23

Statement of Justification
Public Officer

SEL 352
rev 01/18
ORS 249.877

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	Contact Phone
James Clauson Jr.	

Residence Address street, city, state, zip
1031 AVA Powers, OR 97466

Mailing Address if different	Email Address

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

When I was sworn in I thought that I was supposed to work for all of the citizens of Powers, not a special interest group.

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

James M. Clauson Jr. 01-29-20
Public Officer's Signature | Date Signed

RECEIVED
JAN 30 2020

For Office Use Only Initials SP Date and Time Stamped BY: SP 1-29-2020 1:17 pm