

Candidate Filing

JAN 9 2020 PM 2:21 SEL 101

Major Political Party or Nonpartisan

rev 09/19
ORS 249.031

| Filing Dates | | Candidate Filing | Candidate Withdrawal |
|--------------------------------------|-------------------|--------------------|----------------------|
| Primary Election May 19, 2020 | First Day to File | September 12, 2019 | March 13, 2020 |
| | Last Day to File | March 10, 2020 | |
| General Election November 3, 2020 | First Day to File | June 3, 2020 | August 28, 2020 |
| | Last Day to File | August 25, 2020 | |

Filing Information

This filing is an Original Amendment

Office Information

Filing for Office of: County Commissioner

District, Position or County: COOS

Party Affiliation: none 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 | <u>County Office</u> | <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 Yes No

Some circulators may be paid Yes No

Candidate Information

Name of Candidate

| First | MI | Last | Suffix | Title |
|---------------|----------|--------------|--------|-----------|
| <u>Pamela</u> | <u>E</u> | <u>LEWIS</u> | | <u>RN</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 LANE</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 LANE</u> | <u>COQUILLE</u> | <u>OR</u> | <u>97423</u> |

| Work Phone | Home Phone | Cell Phone | Fax |
|------------|------------|---------------------|-----|
| | | <u>541.396.4348</u> | |

Email Address: plewis2373@gmail.com Web Site, if applicable:

Race and Ethnicity *Optional*

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

REGISTERED NURSE ; RN

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

EMT-I @ COQUILLE AMBULANCE X 30 YRS
RN @ COQUILLE + Bandon HOSPITALS X 6 YR EACH
RN @ COOS HEALTH & WELLNESS

Educational Background (schools attended)

| Complete name of School | Last Grade completed | Diploma/Degree/Certificate | Course of Study |
|---------------------------------------|----------------------|----------------------------|-----------------|
| SOUTHWESTERN OREGON COMMUNITY COLLEGE | | AAS / RN | NURSING |
| COQUILLE HIGH SCHOOL | 12 | DIPLOMA | HS, |

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

VOLLEY BALL COACH
ADOPTIVE PARENT OF SPECIAL NEED CHILDREN
VOLUNTEER EMT FOR COQUILLE

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

SHIFT SUPERVISOR FOR CITY OF COQUILLE EMS TRAINING

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

1.9.20

For Office User Only

Initials

LB

Batch Sheet/CC Approval Code/ Receipt Number

83275

EDUCATIONAL BACKGROUND:

~~ASS~~ BLS CERTIFICATION
ACLS CERTIFICATION
PALS CERTIFICATION
TNCC CERTIFICATION

PAM LEWIS
94386 MCNEELY LN
COQUILLE, OR
COMMISSIONER
APPLICATION
1.9.20

OCCUPATIONAL BACKGROUND:

SUPERVISOR FOR EMT SHIFT C COQUILLE
DNS / SUPERVISOR FOR BANGOR HOSPITAL
VOLUNTEER @ CHURCH