6-48R

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—Mayor Robert Kohn

Dear Mrs. Heller,

I have received a completed Statement of Justification from Mayor Robert Kohn as of 12:46 PM on January 28, 2020.

Chief Petitioner Robert Leckband's reason for demanding the recall, as submitted on his Prospective Petition for the recall of Mayor Robert Kohn, is as follows:

acting as Dept. Heads, Doing the work of staff. Not following charter. Meets with select councilors to discuss city. Not governing for the best interest of the majority of the citizens of Powers

Mayor Robert Kohn's Statement of Justification is as follows:

The Public Works Director and our only Senior PW Maintenance Worker both resigned within the same month, leaving me to step up and help the City by performing tasks including cleaning the water plant, reading meters, doing shutoffs for non-payment of utilities, assisting with labs, taking samples to lab in Coos Bay, water line breaks, the State required Water Survey, changing chlorine bottles at Waste Water and several other tasks I have forgotten.

Had I not assisted the lone remaining PW employee, the City would have faced a serious water quality problem. I am an approved Volunteer and Volunteer Firefighter so I can and do help when necessary. There are binders full of Ordinances and Resolutions that define how things are legally done and I do my best to follow those rules.

I have an open-door policy and go out of my way to be available to counsel with anyone who wishes to meet with me. I've developed a weekly open-door meeting policy I call 'Coffee With the Mayor scheduled every Wednesday at City Hall from noon til 2:00pm.

I also publish a monthly Newsletter that addresses City business and other issues affecting the citizens of the City of Powers.

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.

PO Box 250, 275 Fir Street, Powers, OR 97466
(541) 439-3331
admin@cityofpowers.com

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Respectfully,

Stephanie R. Patterson
City Recorder and City Elections Official

Enclosures: SEL 350
SEL 352

JAN 30 2020 PM 1:22

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

☐ State ☐ County for both county and district offices ☒ City

Some Circulators may be Paid

☐ 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
Robert P. Rohn	Mayor of Powers Or.

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

Acting as Dept. Heads, Doing the work of staff. Not following Charter. Meets with select councilors to discuss city. Not governing for 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 E. Leckband	541-439-3229	bLeckband@gmail.com

Residence Address street, city, state, zip	Mailing Address if different
232 East Cedar Place	P.O. Box 558 Powers Or 97466

Signature	Date Signed
Robert E. Leckband	12/9/2019 REL

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-K19 SP 12-9-19

JAN 30 2020 PM 1:22

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: Robert Kohn

Contact Phone:

Residence Address street, city, state, zip: 331 Fir street, Powers, OR 97466

Mailing Address if different: P.O. Box 160, Powers, OR 97466

Email Address: Kohnrobertk@gmail.com

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

The Public Works Director and our only Senior PW Maintenance Worker both resigned within the same month, leaving me to step up and help the City by performing tasks including cleaning the water plant, reading meters, doing shutoffs for non-payment of utilities, assisting with labs, taking samples to lab in Coos Bay, water line breaks, the State required Water Survey, changing chlorine bottles at Waste Water and several other tasks I have forgotten.

Had I not assisted the lone remaining PW employee, the City would have faced a serious water quality problem. I am an approved Volunteer and Volunteer Firefighter so I can and do help when necessary. There are binders full of Ordinances and Resolutions that define how things are legally done and I do my best to follow those rules.

I have an open-door policy and go out of my way to be available to counsel with anyone who wishes to meet with me. I've developed a weekly open-door meeting policy I call 'Coffee With the Mayor scheduled every Wednesday at City Hall from noon til 2:00pm.

I also publish a monthly Newsletter that addresses City business and other issues affecting the citizens of the City of Powers.

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

Robert P. Kohn
Public Officer's Signature

January 27, 2020
Date Signed

RECEIVED
JAN 27 2020

For Office Use Only

Initials SP

Date and Time Stamped BY: SP 1-28-2020 12:46pm