

Candidate Filing

Major Political Party or Nonpartisan

SEL 101

rev 04/22
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 <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment					
Office Information					
Filing for Office of: Mayor					
District, Position or County: City of Lyons					
Party Affiliation: <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input checked="" type="checkbox"/> Nonpartisan					
Incumbent Judge (for judicial candidates only): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nondisclosure on file					
Filing Method					
<input type="checkbox"/> 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		
<input checked="" type="checkbox"/> Prospective Petition, in lieu of filing fee		Some circulators may be paid		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Candidate Information					
Name of Candidate					
First	MI	Last	Suffix		
Lloyd		Valentine			
How you would like your name to appear on the ballot					
Lloyd Valentine					
Candidate Residence / Route Address					
Street Address	City	State	Zip	County	
814 Main St.	Lyons	OR	97358	Linn	
Candidate Mailing Address and Contact Information Only one phone number and an email is required.					
Street Address or PO Box	City	State	Zip		
PO Box 14	Lyons	OR	97358		
Work Phone	Home Phone	Cell Phone	Fax		
503-859-2469					
Email Address			Web Site, if applicable		
medhog56@gmail.com					
Race and Ethnicity Optional					

Continued on page 2 of this form

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

Utility - Freres Wood

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

Millwright - Freres Lumber Co.

Educational Background (schools attended)

Complete name of School

Last Grade completed

Diploma/Degree/Certificate

Course of Study

Chemeketa Comm. College

EMT

Emergency Medical

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

Limited Maintenance Electrician
Volunteer Firefighter Academy

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

Mayor and Councilor for City of Lyons

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)

8/19/2022

Candidate Signature

Date

Petition Submission

Candidate, Voters' Pamphlet

SEL 338rev. 01/22
OAR 165-010-0005, 165-016-0000

→ This form must be completed and filed with any submission of signatures.

Election Type	Year
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Election	<input checked="" type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024

Petition Information
Petition ID/Candidate's Name 22-2 / Lloyd Valentine

Type of Filing	Number of Signatures Submitted
<input checked="" type="checkbox"/> Candidate Nominating	20
<input type="checkbox"/> Voters' Pamphlet, Candidate	
<input type="checkbox"/> Voters' Pamphlet, Measure	

Candidate's Nominating/Voters' Pamphlet Filing
→ By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge.

Name Lloyd Valentine	Contact Phone 503-932-1776	Email Address medhog56@gmail.com
Signature	Date Signed 8/19/2022	

Measure Argument Filing
→ By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge.

Name	Contact Phone	Email Address
Signature	Date Signed	

For office use only	
Submittal number	Number of signatures accepted
Is the petition complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be additional submittals? <input type="checkbox"/> Yes <input type="checkbox"/> No