

# Statement of Justification

Public Officer

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JUN 1 2018  
BY: \_\_\_\_\_

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 Aumsville

**Public Officer Information**

Name <u>KEVIN M CRAWFORD</u>	Contact Phone <u>503-949-4300</u>
Residence Address street, city, state, zip <u>800 ABBEY LN AUMSVILLE, OR 97325</u>	
Mailing Address if different <u>N/A</u>	Email Address <u>KCRAWFORD@AUMSVILLE.US</u>

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

Brought before our council last summer was an issue concerning the safety of our community. After a violent series of robberies and a shooting in Turner, we were given an opportunity to increase the level of protection to our citizens and property. As elected officials we acted on the obligation and sense of honor entrusted to us. We voted to ensure that we had 24 hr police protection for our families and yours. Please know we made adjustments to the policy ruling based on input from everyone who showed up to our meetings. I am saddened by this recall attempt. We are the three newest members of the council. Please note a recall removes the council members, not the law. I am asking you to vote NO on recalls members of the council. Thank you for your trust and confidence. KEVIN M CRAWFORD MBA

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

June 2018

\_\_\_\_\_  
e Signed

For Office Use Only

Initials \_\_\_\_\_

Date and Time Stamped \_\_\_\_\_