

MAR 06 2018

Candidate Filing
Major Political Party or Nonpartisan

Filing Dates		Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
Primary Election May 15, 2018	First Day to File Last Day to File	September 7, 2017 March 06, 2018	January 15, 2018 March 8, 2018	March 9, 2018
General Election November 6, 2018	First Day to File Last Day to File	May 30, 2018 August 28, 2018	July 9, 2018 August 28, 2018	August 31, 2018

Filing Information

This filing is an Original Amendment

Filing Officer Secretary of State County Elections Official City Recorder (Auditor)

Office Information

Filing for Office of: **County Commissioner**

District, Position or County: **Position 2**

Party Affiliation: Democratic Party Republican Party Independent 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	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

Prospective Petition, in lieu of filing fee Some circulators may be paid Yes No

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
William	J	Burgess		

How you would like your name to appear on the ballot

Bill Burgess

Candidate Residence / Route Address

Street Address	City	State	Zip	County
1534 Scotch Avenue SE	Salem	OR	97306	Marion

Candidate Mailing Address and Contact Information Only one phone number is required.

Street Address or PO Box	City	State	Zip
1534 Scotch Avenue SE	Salem	OR	97306

Work Phone	Home Phone	Cell Phone	Fax
503-588-3579	503-370-9044	503-932-1708	

Email Address	Web Site, if applicable
billburgess@earthlink.net	

Occupation (present employment) If no relevant experience, None or NA must be entered.

Elected Marion County Clerk

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

Pharmacist, Pharmacy Manager
Electrician's helper; Farm work; Juvenile Residential Care Worker; Pizza delivery, cook and assistant manager; Construction

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
Lewis & Clark College		Master of Public Administration	
Oregon State University		Bachelor of Science - Pharmacy	
Fullerton Junior College		Associate of Arts	Pre-Pharmacy

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

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

Elected Marion County Clerk 2005 to present
Salem City Council 1990 to 1998, Council President 1998
Salem Keizer Public Schools bond steering committee 1998
Liberty-Boone Neighborhood Association Chair 1990 LIBERTY-BOONE NEIGHBORHOOD ASSOCIATION
C 1990

Campaign Finance Information Not applicable to candidates for federal office.

Candidate Committee This section should not be amended at a later date.

- Yes, I have a candidate committee.
- No, I do not expect to spend or receive more than \$750 during each calendar year. The \$750 includes personal funds spent for any campaign-related costs, such as the candidate filing fee; however state voters' pamphlet filing fees are not included when calculating contribution or expenditure totals. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
- NOTE: If you have previously filed for office please check with the Elections Division to verify if you have an existing candidate committee.**
- No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

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)

March 6, 2018

Date

For Office User Only

Initials CA

Batch Sheet/CC Approval Code/ Receipt Number

498004