Statement of Justification

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Public Officer 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 **Contact Phone** 541-891-6939 Trina M. Lee Residence Address street, city, state, zip 315 N 8th Street, Aumsville, OR 97325 Mailing Address if different **Email Address** TrinaMLee83@gmail.com Statement Provide a statement of justification of term in office in 200 words or less. Aumsville Neighbors. Aumsville is a great place to live. As your City Councilor, I use this motto to guide my decisions. This is true for the Public Safety fee. As the liaison from the City Council for the Aumsville Police Department, I brought forward that we did not have 24/7 Aumsville police protection. Having a safe community is one of our top city priorities. We analyzed the options available to secure stable funding – specifically the ongoing support for the 6th officer and adding a 7th officer. This gave us the desired police protection. Regardless what has been claimed, we were intentional and sought public input longer than required. As not every citizen was in favor of the fee, the majority were. In fact, we listened to the input provided and made some changes. When the vote occurred, it was a unanimous decision. When information was brought forth, the council stood fast on the decision to support the fee. I freely volunteer my time and am honored to represent you on this council. I am willing to continue, serve, and pay the Public Safety Fee. Join with me in voting "NO" on this recall effort. Thank you, Trina M Lee By signing this document I hereby certify that the information in the above statement of justification is true. 6-4-18 ate Signed