

**Candidate Filing**  
**Major Political Party or Nonpartisan**

**RECEIVED**  
**JAN 16 2018**  
**CITY OF SPRINGFIELD**  
**CITY RECORDER**

**SEL 101**  
rev 09/17  
 ORS 249.031

**!** All information must be completed or the form will be rejected.

Filing Dates		Candidate Filing	State Voters' Pamphlet	Candidate Withdrawal
<b>Primary Election</b> 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
<b>General Election</b> 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: **Springfield City Councilor**

District, Position or County: **Ward 5**

Party Affiliation:  Democratic Party  Republican Party  Independent Party  Nonpartisan

Incumbent Judge (for judge candidates only):  Yes  No  Nondisclosure on file

**Payment Information** Select how you will pay for your candidacy filing.

Declaration of Candidacy and required filing 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, instead of required filing fee  Petition circulators will be paid  Yes  No

**Candidate Information**

**Name of Candidate**

First	MI	Last	Suffix	Title
Marilee	S	Woodrow		

How you would like your name to appear on the ballot

**Marilee S Woodrow**

**Candidate Residence / Route Address**

Street Address	City	State	Zip	County
1009 South 59th Street	Springfield	OR	97478	Lane

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

Street Address or PO Box	City	State	Zip
1009 South 59th Street	Springfield	OR	97478

Work Phone	Home Phone	Cell Phone	Fax
	5419880955		

Email Address: **woodrow9987@comcast.net** Web Site, if applicable:

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

Retired/Pet Care (Part-time)

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

Family and Rehabilitation Counselor  
Claims Adjuster and Liability Negotiator  
Retail Management

**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
Coastline Community College	Post Grad		Counseling Certification
Immaculata College	Post Grad		Counseling Certification
Lycoming College	BA		Sociology and Education

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

Springfield Citizen Police Academy

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

Springfield City Council since 2011  
Current - Human Services Commission Executive Board -Chairman; Legislative Cmte, Finance and Judiciary Cmte; Community Development Advisory Cmte; Springfield Economic Development Agency; Governance Team on Main Street Transportation; Main Street Crosswalk Safety Project; Springfield Budget Cmte; Springfield Renaissance Development Corporation Board member; Wildish Community Theatre Board member; Springfield Citizen Police Academy Alumni Board Secretary; Mayor's Animal Sub Cmte  
Previous - Springfield Police Department Advisory Cmte; Lane Council of Governments Executive Board and Audit Cmte; Metropolitan Policy Cmte; Metropolitan Wastewater Management Commission (2013 President); Ambulance Transport Funding Task Force; Board member of Library Board, Museum Board, Arts Commission

**Campaign Finance Information** Not applicable to candidates for federal office.

**Candidate Committee**

- Yes, I have a candidate committee.
- No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. 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)

[Redacted Signature]

1-16-18

Candidate Signature

Date