

RECEIVED
DOUGLAS COUNTY
CLERK

Prospective Petition Recall

SEL 350

rev 01/22
ORS 249.865

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. Changes to the information provided for the chief petitioner or to the circulator pay status below must be reported to the elections official no later than the 10th day after you first have knowledge or should have had knowledge of the change.

This filing is an: Original Amendment

Filing Officer

State County for both county and district offices City

Some Circulators may be Paid

Yes No

Petition for Recall of Provide the name of the public officer and the position that they currently hold.

Name of Public Officer

TOM BROST

Title of Public Officer

BOARD MEMBER

Statement Provide the reasons for demanding recall in 200 words or less. Any factual information provided must be true.

Oregon requires Ordinances for Special Districts. They are permanent and may not be removed, and must be registered in Douglas County. They are the legal basis for any actions made by the board, billing, and expenditures. The board is not allowed to act outside the framework of Ordinances.

The board has refused to operate as required by law. Some examples:

1. Conspired to keep secret that ordinances were stolen from locked files, did not report it to the police, Douglas County, Oregon or the patrons.
2. When asked for the prior five years of new ordinances attempted to charge \$430 to look for them, while knowing there were no ordinances.
3. Refused all requests for Public Records, refusing Certified letters, even refusing the District Attorney's demand for records.
4. Not putting up meetings in advance, not putting voting items on the agenda.
5. The budget was not published, was not posted, and consisted on one 1/2 hour meeting, denying the public the opportunity to see the finances of the district.

Chief Petitioner Information The chief petitioner must remain throughout the petition process or the petition is void.

→ By signing this document, I hereby state that any factual information (not a matter of opinion) in the above statement is true.

Name

MAKKE HOLMAN

Contact Phone

@ 541.291.1597

Residence Address street, city, state, zip

Mailing Address if different

PO 73 GARDNER 97441

Email Address

makkefoundry@gmail.com

Signature

Date Signed

8-30-2023