Statement of Justification

Public Officer

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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} Brian Shannon		Contact Phone 503-476-1393
Residence Address street, city, state, zip 115 Creekside Lane, Newb	erg, OR 97132	
Mailing Address if different same as above		Email Address shannonb@newberg.k12.or.us
Statement Provide a statement of justification of	of term in office in 200 words or less.	
and ethics complaints, in an effort to ju This recall campaign was built on lies have misrepresented a Board-approve push their own political views on stude off-duty teachers' speech in any way. neglect to mention the specifics of the I believe: - Political indoctrination has no place i - We need to unite our students, not d - We need to refocus on the basics of Education, not indoctrination!	n our schools.	nd to have any ment whatsoever. urn an election result they do not like. They is cannot abuse their position of trust to he policy does not restrict students' or ch, which is why the recall proponents
Please vote NO on the recall.		

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

Signature Redacted

Public Officer's Signature

Date Signed