**District** 

20-241

**SEL 803** 

rev 01/16 ORS 250.035, 250.041, 255.145, 255.345

Notice		A Company of the Comp		
Date of Notice	Name of District	Name of County or Counties	Date of Election	
03/01/2016	Siuslaw SD No. 97J	Lane and Douglas	May 17, 2016	
Ballot Title Prepare with	assistance from the district attorney o	r an attorney employed by the district.		
Caption 10 words which r	easonably identifies the subject of the	measure.		
BONDS FOR NEW CO	NSTRUCTION, REPAIRS AND 1	rechnology <sub>7</sub>		
Question 20 words which	ı plainly phrases the chief purpose of th	ne measure.		
Shall Siuslaw School D	District construct and improve	schools by issuing \$36,900,000 in b	onds and receive	10
1		ved, they will be payable from taxes		
ownership that are no	ot subject to the limits of secti	ions 11 and 11b, Article XI of the Or	egon Constitution. Y	
Summary 175 words while	ch concisely and impartially summarize	es the measure and its major effect.		
\$4,000,000 in State funds have district.	been awarded to the District if voters appro	ive this measure. If voters reject the measure, these	funds will be diverted to another	
If approved, the bond and grant	proceeds are expected to fund:			
	th school that complies with seismic standar and equipping of projects, salvage and rem	rds on existing property; and oval of structures, and bond issuance costs.		
If sufficient bond and grant proc	eeds are available, the District expects to al	lso fund:		
- Safety, security features at all f - Technology and curriculum up - Roofing, HVAC and energy effic	-	ce operating costs.		
		remental tax rate is approximately \$0.29 per \$1,000	of assessed aronerty value ahove	
The state of the s	nay differ based upon interest rates incurre		or assessed property value above	ıς
Explanatory Statemen	t 500 words that impartially explains the	he measure and its effect		
		statement must be drafted and attached	to this form for:	
→ any measure referred	by the district governing body; or ndum, if required by local ordinanc	Evalanatory Statement Attache		
	icial Not required to be notarized.	<u>.                                    </u>		
Name	Telat Total Calaba To Be Total Calaba	Title		
Kari Blake		Business Manager		
Mailing Address		Contact Phone		
2111 Oak Street Flo	rence, OR 97439	541-997-2651 x5468		
By signing this document.  → I hereby state that I an above ballot title is tru	nauthorized by the district election	is authority to submit this Notice of Measu	ure Election and I certify the	

FILED

MAR 0 1 2016

LANE COUNTY ELECTIONS

3/1/2016

Signature