

# Candidate Filing Withdrawal

**SEL 150**rev 1/16 ORS 249.170, ORS 249.180  
ORS 249.830, ORS 255.235

## Withdrawal Deadlines

<b>2016 Primary Election</b> March 11, 2016	<b>2016 General Election</b> September 2, 2016	<b>2017 District Election</b> March 16, 2017
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 All information must be completed or the form will be rejected.

This filing is an  Original  Amendment

## Filing Officer

Secretary of State  County Elections Official  City Recorder (Auditor)

## Withdrawal from Candidacy or Nomination for Office Information

Office of:

District, Position or County:

Candidacy for Nomination  Nomination to \_\_\_\_\_ Political Party

## Candidate and Nominee Information

### Name of Candidate

First | MI | Last | Suffix

### Candidate Residence/Route Address

Street Address | City | State | Zip

### Candidate Mailing Address and Contact Information: Only one phone number and an email are required.

Street Address or PO Box | City | State | Zip

Work Phone | Home Phone | Cell Phone | Fax


Email Address (required) | Web Site, if applicable

## Withdrawal Reason-

I submit notice of withdrawal from candidacy or nomination to the above named office. My reason for withdrawal is:

By signing this document, I hereby state that:

- I withdraw my candidacy or nomination for the office stated above **and**
- The reasons provided by me on this form for withdrawal are true.

 **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).

Candidate's Signature

Date Signed

For Office Use Only Initials \_\_\_\_\_