

Candidate Filing Withdrawal

SEL 150

rev 1/14 ORS 249.170, ORS 249.180
ORS 249.830, ORS 255.235

2014 Withdrawal Deadlines

Primary Election May 20, 2014
March 14, 2014

General Election November 4, 2014
August 29, 2014

i 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)

Candidate and Nominee Information

Name of Candidate

First	MI	Last	Suffix
Jeffrey	T	Faville	

Candidate Residence/Route Address

Street Address	City	State	Zip
774 Vinyard Ave NE	Salem	OR	97301

Candidate Mailing Address

Street Address or PO Box	City	State	Zip

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
503-580-2354	503-580-2354	503-580-2354	
Email Address		Web Site, if applicable	

Withdrawal from Candidacy or Nomination for Office Information

Office of: *Commissioner*

District, Position or County: *Marion County Position 3*

Candidacy for Nomination Nomination to Political Party *R*

Withdrawal Reason-

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

Medical.

Family

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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).

12-9-15

Date Signed