

Candidate Filing Withdrawal

SEL 150rev 1/14 ORS 249.170, ORS 249.180
ORS 249.830, ORS 255.235**2014 Withdrawal Deadlines**Primary Election May 20, 2014
March 14, 2014General Election November 4, 2014
August 29, 2014 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

Candidate Residence/Route Address

Street Address | City | State | Zip

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

Email Address | Web Site, if applicable

Withdrawal from Candidacy or Nomination for Office Information

Office of:

District, Position or County:

 Candidacy for Nomination Nomination to


Political Party

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 _____