

# Candidate Filing Withdrawal

**SEL 150**rev 1/19 ORS 249.170, ORS 249.180  
ORS 249.830, ORS 255.235**Withdrawal Deadlines**

<b>2020 Primary Election</b> March 13, 2020	<b>2020 General Election</b> August 28, 2020	<b>2019 District Election</b> March 21, 2019
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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: Please indicate below what party or parties you are withdrawing from:

<input type="checkbox"/> Constitution	<input type="checkbox"/> Democratic	<input type="checkbox"/> Independent	<input type="checkbox"/> Libertarian
<input type="checkbox"/> Pacific Green	<input type="checkbox"/> Progressive	<input type="checkbox"/> Republican	<input type="checkbox"/> Working Families

**Candidate and Nominee Information****Name of Candidate**

First	MI	Last	Suffix
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**Candidate Residence/Route Address**

Street Address	City	State	Zip
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**Candidate Mailing Address and Contact Information:** Only one phone number and an email are required.

Street Address or PO Box	City	State	Zip
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Work Phone	Home Phone	Cell Phone	Fax
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Email Address (required)	Web Site, if applicable
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**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 \_\_\_\_\_