Candidate Filing Withdrawal

rev 10/21 ORS 249.170, ORS 249.180 ORS 249.830, ORS 255.235

2024 Primary Election	24 Primary Election			2024 General Election			2025 District Election		
March 15, 2024					March 20, 2025				
All information must be completed or the form will be rejected.									
This filing is an Original					☐ Amendment				
Withdrawal from Candidacy or Nomination for Office Information									
Office of:									
District, Position or County:									
☐ Withdrawal from Candidacy									
Withdrawal from Nomination: P	lease indicate	e below what p	party or part	ies you are withdrawing f	rom:				
Constitution	☐ Democratic			☐ Independent ☐		Libertarian			
Pacific Green	☐ Progre	ssive		Republican [Working Families			
Candidate and Nominee Information									
Name of Candidate									
First	MI	Last			Suffix				
	I		Ţ			ı			
Candidate Residence/Route Addre	ss								
Street Address				City		State	Zip		
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Candidate Mailing Address and Con	ntact Informa	ntion: Only one	e phone num	ber and an email are req	uired.				
Street Address or PO Box				City		State	Zip		
						1	•		
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 n	amed office. My reason f	or withdrawal is:				
By signing this document, I hereby sto	ate that:								
-> I withdraw my candidacy or nor									

- ightarrow The reasons provided by me on this form for withdrawal are true.



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).

Date Signed Candidate's Signature