SEL 150 rev 1/12:ORS 249.170,ORS249.180 ORS 249.830, ORS 255.235

Withdrawal of Candidacy or Nomination

O Secretary of State of Oregon Ele		
O County Elections Official Mail or		iffice
City Recorder (Auditor) Mail or de	liver to City Offices	
Candidate and Nomination Informa	ition	
Candidacy for Nomination	O Nomination to	Political Party
Candidate Name William Sed	HM Alpine	
Withdrawing from Candidacy or No		District, Position or Zone Number (If applicable)
Residence Address, Street/Route 3325 $S_i\omega$, 13	2 Are	
Dostland	State On E Gm	Zip County of Residence 97239 Multusman
Contact Phone 503 243 — S		
Mailing Address (All correspondence 332 ター えんし	13 to Auc	
Post 1 and	State OVC 2	^{2ip} 97239
Vithdrawal Reason (required)		
		the above named office. My reason for withdrawal is:
By signing this document, I hereby I withdraw my candidacy or nomin The reasons provided by me on the	ation for the office stated abo	
1 / A M	ya-	March 6 701

→ A candidate must withdraw by the 67th day before the date of the Primary or General Election (ORS 249.170, 249.180, 249.830 and 255.235)



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)

Initials