Candidate Filing						SEL 15
Withdrawal						RS 249.170, ORS 249.1 RS 249.830, ORS 255.2
Withdrawal Deadlines					00 ಸ್	
2016 Primary Election	2016 General Election			2017 District Election		
larch 11, 2016	September 2, 2016			March 16, 2017		
All information must be com	pleted or the form	will be reje	cted.			
his filing is an	Original			Amendment		
iling Officer		CALL NO.				
Secretary of State	County Elections Official			City Recorder (Auditor)		
Vithdrawal from Candidacy o	r Nomination for	Office Inf	ormation			
ffice of: City Commissioner Pos	ition No. 3					
istrict, Position or County: City of	Portland		-	188-18 X 11		
Candidacy for Nomination			Nomination to		Po	litical Party
andidate and Nominee Infor	mation	A SECOND	and the second second			
lame of Candidate						
irst	MI	Last			Suffix	
icholas	D	Sutto	n			
andidate Residence/Route Add	ress					
treet Address			City		State	Zip
1560 Southwest Luradel St.			Portland		OR	97219
andidate Mailing Address and (Contact Information	: Only one	phone number and an	email are required		
treet Address or PO Box	1.01		City		State	Zip
560 Southwest Luradel St.		1944 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 -	Portland		OR	97219
Vork Phone	Home Phone (971) 330-139	94	Cell Phone	Fax		
mail Address (required)			Web Site, if applicable			
Vithdrawal Reason-				URANISHI DI DI		
submit notice of withdrawal from c	andidacy or nominat	ion to the a	bove named office. My	reason for withdra	wal is:	
ersonal decision to suppo						No. 3.
signing this document, I hereby si	ate that:					
→ I withdraw my candidacy or no	omination for the offi	ce stated al	bove and			
→ The reasons provided by me	on this form for withc	drawal are t	rue.			

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).

Sutton 1 lich

Candidate's Signature

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