Candidate Filing Withdrawal

SEL 150

rev 02/24 ORS 249.170, ORS 249.180 ORS 249.830, ORS 255.235

Withdrawal Deadlines			
2024 Primary Election	2024 General Election	202	25 District Election
March 15, 2024	August 30, 2024	Ma	rch 20, 2025
All information must be completed, or the form will be rejected.			
Withdrawal from Candidacy or Nomination for Office Information			
Office of: COUNTY COMMISSEN 2#			
District, Position or County: DeShouts County			
Withdrawal from Candidacy	/		
Withdrawal from Nomination: Please indicate below what party or parties you are withdrawing from:			
Constitution	☐ Democratic	☐ Independent	Libertarian
Pacific Green	Progressive	Republican	Working Families
Candidate and Nominee Information			
Name of Candidate			
First Samuel	MI –	Last Jacy	
Candidate Residence/Route Address			
Street Address	edacted	city Larine	State
Candidate Mailing Address and Contact Information: Only one phone number and an email are required.			
Street Address or PQ Per	Redacted	city Lapine	State Zip 97739
Work Phone	Home Phone	Cell Phone	Fax
Email Address (required) Samuel Faces 9 Mail, CCM Web Site, if applicable			
Withdrawal Reason			
I submit notice of withdrawal from a	andidacy or nomination to the above- The NEELS OF	named office. My reason for w The COUNT	vithdrawal is:

By signing this document, I hereby state that:

- ightarrow 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).

Redacted

02/27/2024

Date Signed