

Withdrawal of Candidacy or Nomination

SEL 150

rev 01/10: ORS 249.170, ORS 249.180
ORS 249.830, ORS 255.235

Filing Information

Secretary of State of Oregon County Elections Official City Recorder (Auditor)

Candidate and Nomination Information

Candidacy for Nomination Nomination to _____ Political Party _____

Candidate Name

Irma Linda Castillo

Withdrawing from Nomination for Office of

Multnomah County Commissioner

District, Position or Zone Number if applicable

2

Residence Address, Street/Route

3009 NE 70th Avenue

City

Portland

State

OR

Zip Code

97213

County of Residence

Multnomah

Home Phone

-

Work Phone

(503) 988-3999

Cellular Phone

(503) 309-4519

Mailing Address where all correspondence will be sent, Street/Route

Same as above

City

State

Zip Code

Withdrawal Reason

I submit this notice of withdrawal from candidacy or nomination to the above named office. My reason for withdrawal is:

Change in family obligations

By signing this document, I hereby state:

- that I withdraw my candidacy or nomination for the office stated above
- that the reasons provided for withdrawal are true to the best of my knowledge.

Candidate's Signature

Date Signed

3/11/2010

2010 Withdrawal Deadlines

Primary Election: March 12, 2010

General Election: August 27, 2010

→ A candidate who desires to withdraw must do so 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)

For Office Use Only

Initials

Candidate ID Number

Receipt Number

Office Number

Candidate Committee ID Number