

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
ENRIQUE M. ARIAS

Withdrawing from Nomination for Office of
MULT. CO. COMM. District, Position or Zone Number if applicable
2

Residence Address, Street/Route
7411 N.E Siskiyon St.

City **PORTLAND** State **OR** Zip Code **97213** County of Residence **MULT.**

Home Phone **503 287 8456** Work Phone **51** Cellular Phone **503 317 8456**

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

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:

Family obligations

RECEIVED
10 MAR 11 PM 1:57
SAL. CO. CLERK OF ELECTIONS

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 **03/11/2010**

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 **EA** Candidate ID Number _____

Receipt Number _____ Office Number _____ Candidate Committee ID Number _____