

**Candidate Filing
Withdrawal**

FEB - 1 2016

SEL 150

rev 1/16 ORS 249.170, ORS 249.180
ORS 249.830, ORS 255.235

Withdrawal Deadlines

2016 Primary Election March 11, 2016	2016 General Election September 2, 2016	2017 District Election March 16, 2017
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i All information must be completed or the form will be rejected.

This filing is an Original Amendment

Filing Officer

Secretary of State County Elections Official City Recorder (Auditor)

Withdrawal from Candidacy or Nomination for Office Information

Office of: *COUNTY COMMISSIONER*

District, Position or County: *DISTRICT 4*

Candidacy for Nomination Nomination to Political Party

Candidate and Nominee Information

Name of Candidate

First *SCOTT* MI *A* Last *ANDERSON* Suffix

Candidate Residence/Route Address

Street Address *3757 SE DEER CREEK WAY* City *GRESHAM* State *OR* Zip *97080*

Candidate Mailing Address and Contact Information: Only one phone number and an email are required.

Street Address or PO Box *3757 SE DEER CREEK WAY* City *GRESHAM* State *OR* Zip *97080*

Work Phone *503-989-0350* Home Phone *503-669-6886* Cell Phone *503-753-8379* Fax

Email Address (required) *ANDERSONSCOTT7256@YAHOO.COM* Web Site, if applicable *N/A*

Withdrawal Reason-

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

FAMILY CONSIDERATIONS.

RECEIVED
16 FEB - 1 PM 12:52
TIM SCOTT
DIRECTOR OF ELECTIONS

By signing this document, I hereby state that:

- 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).

Signature redacted

Candidate's Signature

1-28-16
Date Signed

For Office Use Only Initials _____