

Candidate Filing Withdrawal

SEL 150

rev 1/19 ORS 249.170, ORS 249.180
ORS 249.830, ORS 255.235

Withdrawal Deadlines

2020 Primary Election March 13, 2020	2020 General Election August 28, 2020	2019 District Election March 21, 2019
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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: Metro Council Dist 5

District, Position or County: District 5

Candidacy for 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 <u>Guadwin</u>	MI <u>Samuel</u>	Last <u>Chase</u>	Suffix
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Candidate Residence/Route Address

Street Address <u>5216 NE Cleveland Ave</u>	City <u>Portland</u>	State <u>OR</u>	Zip <u>97211</u>
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Candidate Mailing Address and Contact Information: Only one phone number and an email are required.

Street Address or PO Box <u>PO Box 42307</u>	City <u>Portland</u>	State <u>OR</u>	Zip <u>97242</u>
Work Phone	Home Phone	Cell Phone <u>503 810 4504</u>	Fax
Email Address (required) <u>G-SAM CHASE@gmail.com</u>	Web Site, if applicable		

Withdrawal Reason

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

To file for a different position

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)

Candidate's Signature [Handwritten Signature]

1-21-20

Date Signed

For Office Use Only Initials P.S