

Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | n. 503.986.1518 | f. 503.373.7414 | www.oregonvotes.org

Withdrawal of Candidacy or Nomination

SEL 150

rev 01/10:ORS 249.170, ORS 249.180, ORS 249.185, ORS 249.230, ORS 249.235

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

Candidacy for Nomination Nomination to _____ Political Party

Candidate Name

Bruce R. McCain

Withdrawing from Nomination for Office of

District, Position or Zone Number if applicable

MULTNOMAH COUNTY Sheriff

Residence Address, Street/Route

3841 NE 149th Ave

City

PORTLAND

State

OR

Zip Code

97230

County of Residence

MULTNOMAH

Home Phone

(503) 257-8472

Work Phone

(503) 944-9200

Cellular Phone

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

PO BOX 30705

City

PORTLAND

State

OR

Zip Code

97294-3705

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

PERSONAL DECISION

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

1/6/10

RECEIVED
10 JAN -6 AM 9:41
SECRETARY OF ELECTIONS

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)

