

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

Jeff Cogen

Withdrawing from Nomination for Office of
County Commissioner

District, Position or Zone Number if applicable
#2

Residence Address, Street/Route

3936 NE 32nd Avenue

City Portland	State OR	Zip Code 97212	County of Residence Multnomah
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Home Phone	Work Phone 503/988.5219	Cellular Phone 503/740.1963
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Mailing Address where all correspondence will be sent, **Street/Route**

2236 SE 10th Avenue

City Portland	State OR	Zip Code 97214
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Withdrawal Reason

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

Change in position sought.

RECEIVED
 10 MAR -9 AM 10:33
 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 3/9/2010
 Date Signed

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

<u>CS</u> Initials	Candidate ID Number
Receipt Number	Office Number
	Candidate Committee ID Number