Candidate Filing Withdrawal

All information must be completed or th This filing is an Filing Officer Secretary of State Withdrawal from Candidacy or Nominati Office of: Multhomah (ounty) District, Position or County: District, Position or County: District, Position or County: District, Position or County All information Candidate and Nominee Information Name of Candidate First JuLES Candidate Residence/Route Address Street Address 9026 SW 36 fm Candidate Mailing Address and Contact Info Street Address or PO Box Work Phone	County Election Ion for Office Info (On m 135 1	s Official	March 16, 2017	nt rder (Auditor)	
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Email Address (required) jules @ jules	bailey.com	Web Site, if applica	DIE		
Withdrawal Reason-				2	
I submit notice of withdrawal from candidacy or i	nomination to the ab	ove named office. Mv	reason for withdray	walis: C	5
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By signing this document, I hereby state that:					.
 → I withdraw my candidacy or nomination for → The reasons provided by me on this form f 	r the office stated abo for withdrawal are tru	ove and		SMOL	27
Warning					STING TO STATE
Supplying false information on this form to 5 years. (ORS 260.715)	m may result in conv	iction of a felony with	a fine of up to \$125	,000 and/or pr	ison for up
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Signature redacted				1	101-
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Candidate's Signature			-	//	Date Signed
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For Office Use Only Initials ______