

Candidate Filing
Withdrawal

FEB 16 2016

SEL 150

rev 1/14 ORS 249.170, ORS 249.180
ORS 249.830, ORS 255.235

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2014 Withdrawal Deadlines

Primary Election May 20, 2014
March 14, 2014

General Election November 4, 2014
August 29, 2014

TIM SCOTT
DIRECTOR OF ELECTIONS

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)

Candidate and Nominee Information

Name of Candidate

First

LYNN

MI

R

Last

LEHRBACH

Suffix

Candidate Residence/Route Address

Street Address

188 NW 3RD

City

GRESHAM

State

OR

Zip

97030

Candidate Mailing Address

Street Address or PO Box

188 NW - 3RD

City

GRESHAM

State

OR

Zip

97030

Contact Information: Only one phone number is required.

Work Phone

Home Phone

Cell Phone

503-505-0070

Fax

Email Address

NONE

Web Site, if applicable

Withdrawal from Candidacy or Nomination for Office Information

Office of:

MULTNOMAH COUNTY COMMISSIONER DISTRICT #4

District, Position or County:

DISTRICT #4

Candidacy for Nomination

Nomination to

Political Party

Withdrawal Reason-

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

Personal

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

2-16-16

Candidate's Signature

Date Signed

For Office Use Only Initials _____