Withdrawal

rev 01/20 ORS 249.170, ORS 249.180 ORS 249.830, ORS 255.235

valdidiawai Deadillies								
2020 Primary Election		2020 General Election		2021 District Election				
March 13, 2020		August 28, 2020		March 18, 2	2021 			
All information must be comple	eted or the f	orm will be rejected.						
This filing is an Original Ame					ment			
Withdrawal from Candidacy or N	lomination	for Office Information	_				_	
Office of: BOARD V								
District, Position or County: Por					7			
Candidacy for Nomination: Please				1:			<u> </u>	
Constitution	Democi	-	Independent		Libertarian			
Pacific Green	Progressive Republican				Working Families			
Candidate and Nominee Informa	ition	-					_	
Name of Candidate								
First BRETT C DUESING					Suffix			
Candidate Residence/Route Address	<u> </u>	_						
Street Address 9427 N CALHOUN AVE PORTLAND					State	72	Zip 97203	
Candidate Malling Address and Cont	act Informat	tion: Only one phone num	ber and an email are requ	uired.				
Street Address or PO Box			City		State		Zip	
Work Phone 503 997 4421	Home Phor	ne "	Cell Phone		Fax			
Email Address (required)	•	(Rayeri) co	Web Site, if applicable					
brett due	SINQ	Ca aman, Co						
Withdrawal Reason								
I submit notice of withdrawal from ca					l is:			
Suppor	イナッ	For other	- Canolid	are.	Ö			
•					RECTOR	21 MAR I	デ 河 円 〇	
By signing this document, I hereby stat	e that:				100			
 → 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						<u></u>	e në	
Supplying false information to 5 years. (ORS 260.715).	on this form	may result in conviction o	of a felony with a fine of u	p to \$125,00	0 and/or prise	on for up		
30					3/1	7/	1 2021	
Candidate's Signature	\sim	0/			/	D	ate Signed	