

Candidate Filing Withdrawal

SEL 150

rev 1/19 ORS 249.170, ORS 249.180
ORS 249.830, ORS 255.235

Withdrawal Deadlines

2020 Primary Election March 13, 2020	2020 General Election August 28, 2020	2019 District Election March 21, 2019
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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)

Withdrawal from Candidacy or Nomination for Office Information

Office of: **County Commissioner**

District, Position or County: **District 3, Multnomah County**

Candidacy for Nomination: Please indicate below what party or parties you are withdrawing from:

Constitution

Democratic

Independent

Libertarian

Pacific Green

Progressive

Republican

Working Families

Candidate and Nominee Information

Name of Candidate

First

MI

Last

Suffix

Shawn

MacArthur

Candidate Residence/Route Address

Street Address

124 SE 73rd Ave

City

Portland

State

OR

Zip

97215

Candidate Mailing Address and Contact Information: Only one phone number and an email are required.

Street Address or PO Box

124 SE 73rd Ave

City

Portland

State

OR

Zip

97215

Work Phone

Home Phone

Cell Phone

(201) 472-0636

Fax

Email Address (required)

shawnmacarthur@gmail.com

Web Site, if applicable

Withdrawal Reason-

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

Running for a different office

RECEIVED
 20 JAN 29 PM 12: 28
 TIM SCOTT
 DIRECTOR OFFICE OF ELECTIONS

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).

Candidate's Signature

1/28/2020

Date Signed