

# Candidate Filing Withdrawal

**SEL 150**

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

## Withdrawal Deadlines

<b>2020 Primary Election</b> March 13, 2020	<b>2020 General Election</b> August 28, 2020	<b>2021 District Election</b> March 18, 2021
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**i** All information must be completed or the form will be rejected.

This filing is an  Original  Amendment

## Withdrawal from Candidacy or Nomination for Office Information

Office of: City Councilor

District, Position or County: Lane

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

<input type="checkbox"/> Constitution	<input type="checkbox"/> Democratic	<input type="checkbox"/> Independent	<input type="checkbox"/> Libertarian
<input type="checkbox"/> Pacific Green	<input type="checkbox"/> Progressive	<input checked="" type="checkbox"/> Republican	<input type="checkbox"/> Working Families

## Candidate and Nominee Information

### Name of Candidate

First Daniel	MI J	Last Lofy	Suffix
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### Candidate Residence/Route Address

Street Address 1911 22nd Street	City Florence	State Oregon	Zip 97439
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### Candidate Mailing Address and Contact Information: Only one phone number and an email are required.

Street Address or PO Box P.O. Box 1896	City Florence	State Oregon	Zip 97439
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Work Phone (541) 590-3691	Home Phone	Cell Phone (541) 999-0347	Fax
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Email Address (required) dlofy1896@gmail.com	Web Site, if applicable
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## Withdrawal Reason

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

Personal Reasons

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

08/25/2020

Date Signed

For Office Use Only Initials \_\_\_\_\_