

RECEIVED JUL 18 2020

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Candidate Filing Withdrawal

SEL 150

rev 01/20 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	2021 District Election 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: Ashland City Council Position 5

District, Position or County: Jackson County, Ashland City Council

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 type="checkbox"/> Republican	<input type="checkbox"/> Working Families

Candidate and Nominee Information

Name of Candidate

First Kelly	MI W	Last Marcotulli	Suffix
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Candidate Residence/Route Address

Street Address 508 Liberty St.	City Ashland	State OR	Zip 97520
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Candidate Mailing Address and Contact Information: Only one phone number and an email are required.

Street Address or PO Box 508 Liberty St.	City Ashland	State OR	Zip 97520
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Work Phone 541 708-0103	Home Phone	Cell Phone	Fax
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Email Address (required) kmarcotulli@protonmail.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:

Change of interest in position.

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).

Kelly Marcotulli
Candidate's Signature

July 18, 2020
Date Signed