Withdrawal Deadlines

## RECEIVED JUN 2 9 2020 NA

SEL 150

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

6-26-20

2020 Primary Election March 13, 2020	2020 General Election August 28, 2020			2021 District Election March 18, 2021		
All information must be cor	mpleted or the form will b	e rejected.				
This filing is an Original		Amendment				
Withdrawal from Candidacy			n	d proposition in the second		
Office of: Mayor	or ivorninacion for Offic	e illioilliacio				
District, Position or County: City	of Ashland, Oregon					
Candidacy for Nomination: Pl		party or partie	s you are withdrawing f	rom:	=144	
Constitution	Democratic		☐ Independent [		Libertarian	
Pacific Green	Progressive		Republican		☐ Working Families	
Candidate and Nominee Info	rmation			application of the		
	mation	***********				No.
Name of Candidate					C. II.	
First John	L. Strom		berg		Suffix	
OTH		Ottomi	ocig			
Candidate Residence/Route Add	dress					
Street Address			City		State	Zip
252 Ridge Road			Ashland		OR	997520
Candidate Mailing Address and	Contact Information: Only	one phone nu	mber and an email are	required.		
Street Address or PO Box			City		State	Zip
Work Phone	541482 9335		Cell Phone	Fa	Fax	
Email Address (required)			Web Site, if applicab	ile		
ohnls@opendoor.com			0.0			
Withdrawal Reason						
submit notice of withdrawal fro	m candidacy or nominatio	n to the above	named office. My reas	on for withdrawal is:		
reconsidered my deci	sion to run.					
y signing this document, I hereby  → I withdraw my candidacy or  → The reasons provided by me	nomination for the office s		nd			
The reasons provided by me  Warning Supplying false inform	on this form for withdraw ation on this form may res		n of a felony with a fine	of up to \$125,000 a	nd/or prison	for un

For Office Use Only Initials

to 5 years. (ORS 260.715).

Candidate's Signature