

# Candidate Filing Withdrawal

## Withdrawal Deadlines

<b>2024 Primary Election</b> March 15, 2024	<b>2024 General Election</b> August 30, 2024	<b>2025 District Election</b> March 20, 2025
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**i** All information must be completed, or the form will be rejected.

## Withdrawal from Candidacy or Nomination for Office Information

Office of: County Commissioner

District, Position or County: Position 1

Withdrawal from Candidacy

Withdrawal from 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: Alex MI: M Last: Tardif

### Candidate Residence/Route Address

Street Address: 31273 New Kirk Rd City: Scappoose State: OR Zip: 97056

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

Street Address or PO Box: 31273 New Kirk Rd City: Scappoose State: OR Zip: 97056  
 Work Phone: Home Phone: Cell Phone: 971-506-3916 Fax:  
 Email Address (required): Alex@CountyCommissioner@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:

Family

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).

[Redacted Signature]

Candidate's Signature

6-26-24

Date Signed