Candidate	Filing
Withdrawal	

Withdrawal Deadlines						
2024 Primary Election	2024 General Election	2024 General Election 2025 District I				
March 15, 2024	August 30, 2024	March 20, 2025				
All Information must be comple	ted, or the form will be rejected.			· ·		
Withdrawal from Candidacy or Nomination for Office Information						
Office of: METICO						
District, Position or County: 0.57	RICT 3 METRO					
K Withdrawal from Candidacy	-	٠				
Withdrawal from 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 ROBERT	мі 	Last HEARD				
Candidate Residence/Route Address						
Street Address		City	State	Zip		
8416 SW DL	ESON RD.	RD. PORTLAND		97223		
Candidate Mailing Address and Contact Information: Only one phone number and an email are required.						
Street Address or PO Box		City	State	Zip		
Work Phone	Home Phone	Cell Phone	Fax			
		971-533-0311	/			
Email Address (required)		Web Site, if applicable				
URHEARD & OUTLOOK. C	3.M.	•	ក្រុ			
Withdrawal Reason						
I submit notice of withdrawal from candidacy or nomination to the above-named office. My reason for withdrawal is:						
LACK OF FUNDRAISING.						
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By signing this document, I hereby state that:

 $\rightarrow\,$ 1 withdraw my candidacy or nomination for the office stated above and $\rightarrow\,$ 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 up to 5 years. (ORS 260.715).



3/13/24 Date Signed

Candidate's Signature