## Withdrawal

For Office Use Only

Initials

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

Withdrawal Deadlines				
2020 Primary Election	2020 General Election	2021 Distr	2021 District Election	
March 13, 2020	August 28, 2020	March 18,	March 18, 2021	
All Information must be comp	leted or the form will be rejected.			
This filling is an Original		☐ Amendment		
Withdrawal from Candidacy or Nomination for Office Information				
Office of: Portland School Board Love 5				
District, Position or County:				
	se indicate below what party or parties		·	
Constitution	☐ Democratic	Independent	Libertarian	
Pacific Green	☐ Progressive	Republican	Working Families	
Candidate and Nominee Information				
Name of Candidate	·	·		
First	MI Last		Suffix	
CHKIS	$H^{r}$	RO	<u>-</u>	
Candidate Residence/Route Addre	ss			
Street Address 3447 Fast	Burnside St.	cityPortland	State Zip 7714	
Candidate Mailing Address and Contact Information: Only one phone number and an email are required.				
Street Address or PO Box	<u> </u>	City	State Zip	
Work Phone	Home Phone	Cell Phone 415 407 009	Fax	
Email Address (required) Web Site, if applicable				
Email Address (required) Web Site, if applicable Chris, Hero & GMAK. Com				
Withdrawal Reason				
I submit notice of withdrawal from candidacy or nomination to the above named office. My reason for withdrawal is:				
My work travel schedule will not allow me.				
to fullfill the responsibilities of position				
to tollatill the respondibilities or position				
By signing this document, I hereby sto	ate 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 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).	3441	14	•	
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1 Mis Her	97	S M9 8- AAM IS	7/8/21	
Candidate's Signature		UE CA IMED	Date Signed	
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