Withdrawal

For Office Use Only

Initials

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All Information must be completed or the form will be rejected. This filing is an	· ·		1					
This filing is an	March 13, 2020	<u> </u>	August 28	B, 2020 ————	· 	March 18, 20	21	
Withdrawal from Candidacy or Nomination for Office Information Office of: School Board Candidacy for Nomination: Please Indicate below what party or parties you are withdrawing from: Candidacy for Nomination: Please Indicate below what party or parties you are withdrawing from: Candidacy for Nomination: Please Indicate below what party or parties you are withdrawing from: Candidacy for Nomination: Please Indicate below what party or parties you are withdrawing from: Candidate and Nominee Information Pacific Green	1 All Information must be co	mpleted or the	e form will be	rejected.				
Office of: School Board District, Position or County: Zone 4 Candidaty for Nomination: Please indicate below what party or parties you are withdrawing from: Constitution	This filing is an		Orlgin	nal		Amendm	ent	
District, Position or County: Zone 4 Candidatory for Nomination: Please indicate below what party or parties you are withdrawing from: Constitution Democratic Independent Libertarian Pacific Green Progressive Republican Working Families Pacific Green Progressive Republican Working Families Candidate and Nominee Information Name of Candidate First MI Last Suffix Tamara D Correa		or Nominatio	on for Office	Information	·			
© Candidacy for Nomination: Please indicate below what party or parties you are withdrawing from: Candidate	Office of: School Board							
□ Constitution □ Democratic □ Independent □ Ilibertarian □ Progressive □ Republican □ Working Families Candidate and Nominee Information Name of Candidate First ■ Mi Last □ Correa Candidate Residence/Route Address Street Address □ City □ State □ Zip □ Street Address Street Address □ City □ State □ Zip □ Street Address □ City □ State □ Zip □ Street Address or PO Box □ City □ State □ Zip □ Street Address or PO Box □ City □ State □ Zip □ Street Address or PO Box □ City □ State □ Zip □ Street Address or PO Box □ City □ State □ Zip □ Street Address (required) □ Web Site, if applicable □ Street Address (required) □ Web Site, if applicable □ Street Address (required) □ Street □ Str	District, Position or County: Zon	ne 4						
Progressive Republican Working Families				arty or parties	you are withdrawing fro	om:		
Candidate and Nominee Information Name of Candidate First MI Last Tamara D Correa Candidate Residence/Route Address Street Address OR POTland OR 97203 Candidate Malling Address and Contact Information: Only one phone number and an email are required. Street Address or PO Box City State Zip Portland OR 97203 Candidate Malling 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 971-990-5527 Email Address (required) Web Site, if applicable tammy. ellis@yahoo.com Withdrawal Reason I submit notice of withdrawal from candidacy or nomination to the above named office. My reason for withdrawal is: I feel that Paster Greene is a better candidate . I wish him luck. I wishing this document, I hereby state thot: I wishing supplying false information on this form now result in conviction of a felony with a fine of up to \$125,000 and/or prison for the 5 years. (ORS 260.715).	Constitution				Independent -	Libertarian		
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