

# Candidate Filing Withdrawal

**SEL 150**rev 1/19 ORS 249.170, ORS 249.180  
ORS 249.830, ORS 255.235**Withdrawal Deadlines**

<b>2020 Primary Election</b> March 13, 2020	<b>2020 General Election</b> August 28, 2020	<b>2019 District Election</b> March 21, 2019
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**i** All information must be completed or the form will be rejected.

This filing is an

☒ Original☐ Amendment**Filing Officer**☐ Secretary of State☐ County Elections Official☒ City Recorder (Auditor)**Withdrawal from Candidacy or Nomination for Office Information**Office of: Portland Commissioner # 2District, Position or County: # 2☒ Candidacy for Nomination: Please indicate below what party or parties you are withdrawing from: N/A☐ Constitution☐ Democratic☐ Independent☐ Libertarian☐ Pacific Green☐ Progressive☐ Republican☐ Working Families**Candidate and Nominee Information****Name of Candidate**First Robin

MI

RLast Castro

Suffix

**Candidate Residence/Route Address**

Street Address

917 NE 122nd Ave Apt 4

City

Portland

State

OR

Zip

97230**Candidate Mailing Address and Contact Information:** Only one phone number and an email are required.

Street Address or PO Box

Same as above

City

State

Zip

Work Phone

Home Phone

Cell Phone

503-539-4649

Fax

Email Address (required)

robin4pdx@gmail.com

Web Site, if applicable

robin4pdx.com**Withdrawal Reason-**

I submit notice of withdrawal from candidacy or nomination to the above named office. My reason for withdrawal is:

Unable to receive matched funds through the city

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).

Robin Rae Castro

Candidate's Signature

3/13/2020

Date Signed

For Office Use Only

Initials

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