POST-PRIMARY CANDIDATE'S WITHDRAWAL NOTICE

TO THE SECRETARY OF THE COMMONWEALTH:

I hereby withdraw my name as a candidate for the OFFICE and PARTY in the COUNTY and/or DISTRICT listed below for the Municipal Election to be held November 3, 2015.

POLITICAL PARTY_____ OFFICE_____

COUNTY_____ DISTRICT_____
COMPLETE IF APPLICABLE

_____ _____
PRINTED NAME OF CANDIDATE SIGNATURE OF CANDIDATE

Candidate Number_____ _____
TELEPHONE NUMBER (OPTIONAL)

Commonwealth of Pennsylvania)
ss:
County of_____)

On this , the _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to me (or
(Candidate's Name)
satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained and desired the same to be recorded as such.

In witness whereof, I hereunto set my hand and official seal.

_____
(SEAL) (SIGNATURE)

_____
(OFFICIAL TITLE)

My Commission Expires_____

NOTE: Withdrawals must be filed not later than 5 o'clock P.M. (Prevailing Time) August 10, 2015

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION
210 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

DSBE-WD (REV.5/15)