



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 4, 2025.

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 5:00 P.M. (Prevailing Time)-August 11, 2025.

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