STATEMENT OF WITHDRAWARECEIVED

| STATE OF ARIZONA) | FEB 1 4 2024 |
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|) ss | PINAL COUNTY & HOP DOFFICE |
| County of Pinal) | |
| I, the undersigned <u>Kimberly Clarridge</u> (printed name | , |
| hereby withdraw as a candidate for the office of: | |
| Governing Board for Cusa Grance (office sought and district name) | le Union Hah School Distric |
| (office sought and district name) | |
| for the <u>General Election to be held on November 5, 2024</u> . By taking this action, I understand and agree that I will not run as a write-in candidate for this office, that I am ineligible to receive a certificate of election for this office and that I will not seek, hold or accept election or appointment to this office. My withdrawal is involuntary for purposes of A.R.S. § 16-343. I request and agree that the PINAL COUNTY RECORDER / ELECTIONS DEPARTMENT & PINAL COUNTY SUPERINTENDENT OF SCHOOLS OFFICE: | |
| Will not print my name on the ballot for this election [optional: and will post at polls and voting sites and/or mail with early ballots appropriate notices announcing my withdrawal as a candidate], | |
| Will not count or tabulate any votes which may be cast for me; | |
| Will not include my name in the election canvass for this office nor issue me a certificate of election for such office. | |
| I also hereby hold the PINAL COUNTY RECORDER / ELECTIONS DEPARTMENT & PINAL COUNTY SUPERINTENDENT OF SCHOOLS OFFICE harmless for any action that may arise from acceptance of this withdrawal or from carrying out this request to omit my name on the ballot, and not count or tabulate votes or include my name in any canvass. | |
| SWORN TO THIS 4 day of February | , 2024. |
| Withdrawing Candidate Signature | |
| Subscribed and sworn to before me thisday of | , 2024. |
| Accepted this day of _Fe by uary 2024, by | Dlic JULIUS VERGARA Notary Public - State of Arizona PINAL COUNTY Commission #581578 Expires April 28, 2024 |
| Filing Offi | icer |