Candidate Filing - Withdrawal (SEL 150)

Filing Officer
City

City
Bend

Withdrawal from Candidacy or Nomination for Office Information

Office of:
City Council

District, Position or County:
Position 6

Withdrawal type
Withdrawal from Candidacy

Candidate and Nominee Information

Name of Candidate
Bobbi Cummiskey

Candidate Residence/Route Address
[redacted]

Is the mailing address different from the residence/route address?
No

Phone
(808) 214-4140

Type of phone?
Cell

Do you want to add another phone number?
No

Email
bobbijean.cummiskey@gmail.com

Website, if applicable
https://bobbiforbend.com

Withdrawal Reason

I submit notice of withdrawal from candidacy or nomination to the above named office. My reason for withdrawal is:
I did not receive the Deschutes Democrats endorsement, and I don't see a path to winning office without it.

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

Candidate's Signature

Date Signed
8/24/2026

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).

Received by Elections Division:
8/24/2026 10:14 AM