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http://oregonvotes.org/doc/publications/forms/100_candidate_filing/S...

District	Candidate	Filing
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SEL 190

Candidate Legal Name*	Candidate Name (As	it should annear o	n hallot)*
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David Robert Gorman Filing for Office oft	District and/or posit	ion (if applicable)*	
Corbett School District			Position 4
Residence Address, Street/Route*	004181		
2016 SE Henkle Rd. City* State*	Zip*	County of Reside	nce [#]
	97019		
Corbett Oregon Home Phone Work Phone	Cell Phone	Multnon	nari
503-695-3494 503-227-104		Ļ	
Email Address* Date of Election*			
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d g.orman@hevanet.com May Maiking Address (where all correspondence will be sent) Stree	+		
2016 SE Henkle Rd			
City* State*	Zip* 97019		
Corbett Oregon	• •		
Indicates a required field. At least one phone number is al	SO FEQUITED. DECO PERSONAL DE CONTRAD		en en en e Notesta de la contractione
iling Information			
Filing with the required \$10.00 fee.			· · · · · · · · · · · · · · · · · · ·
> Filing by petition with the required signature sheets.			
Required Information (if no relevant information, list "none")	e to conference provide a conference contra	en andre state i de source a	r Dá heiri san sing sa sa sa manananan a sa karin
Occupation present employment - paid or unpaid (required) Senior Program Manager at	AECOM Techn	ology Cov	· <u>ę.</u>
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