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Candidate Legal Name* Robert Edward Lee			• •	Candidate Name (As it should appear on ballot)* Robert E. Lee				
Filing for Office of*				District and/or position (if applicable)*				
Board of Education				Reynolds School District #7, Position 1				
Residence Address, Street/Rou 970 SW'20th Way	te*							
City*		State*	Zip*	Cou	unty of Re			
Troutdale		OR	97060		ltnomah			
Home Phone	Work Pho	one	Cell Phor	ne	- 1	Fax		
	503.986.0	0983	503.969	.8447				
Email Address*	1	Date of Election*						
rlee@vantagenw.com		May 21, 2013	n					
Mailing Address (where all corr 970 SW 20th Way	espondence	will be sent) Stre	et/Route*					
City*		State*	Zip*	_	-			
Troutdale * Indicates a required field. At		OR tone number is a	■ 97060 Iso required.					
Filing Information						ng the topy California	78739. – É. 20347 – 20	
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Check the appli		e to candidates for federal office - US ertify I do not have an existing candidat		
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