Candidate Legal Name*			Candidate Name (As it should appear on ballot)*			
Robert John Zeller		Robert Zeller				
Filing for Office of* David Douglas School District / Po 2017	osition 3 Director, 4-year term ending June		District and/or position (if applicable)* DAVID DOUGLAS POSITION'S DIRECTION.			
Residence Address, Street 7604 SE 105th	/Route*					
City* Portland	State*	Zip* 97266	County of Re Multnomat			
Home Phone	Work Phone	Cell Phone		Fax		
Email Address* bmposition3@yahoo	Date of Election	*	··· - · ·	•		
Mailing Address (where al 7604 SE 105th	correspondence will be sent) Str	eet/Route*				
City*	State*	Zip*		-		
Portland	OR	97266				
Indicates a required tiel	d. At least one phone number is	aiso required. (398:4557, 3945, 498:494	TA INNEEL FOR LEI BER			
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Check the app	licable box (not applicable to candic	lates for federal office -	US Senate and US Representativ	re).
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up to 5 y	ears, (ORS 260.715). No person may b	e a candidate for more tha	n one district office, unless the dist	rict has less than
- 10,000 e	lectors residing in the district. No perso	on may be a candidate for	more than one position on the sam	e board to be filled
at the sa	me election. (ORS 249.013 and ORS 24	49.170);		
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