Candidate Information			
Candidate Legal Name*		Candidate Name (As it should app	ear on ballot)* 👘 🛶
RODERICK JEHN	GRAHAM	ROD GRAHA	M
Filing for Office of*		District and/or position (if applicat	ole)*
BOARD OF DIRECTORS	s Riv	ERPALE RURAL FIR	E PROTECTIO
Residence Address, Street/Route*	Die	TRICT 11-J POS	5. #2
11001 SWRIVERGIDE	DR		
Čity*	State*	Zip* County of Re	
PORTIAND	OR	97219 MULTK	IOMAH
	(Phone	Cell Phone	Fax
503-636-1079			
Email Address*	Date of Election*		
ROD @ GEHARCH.C		121,2013	
Mailing Address (where ail corresponde		/Route*	
SAME AS RESIDENC	<u>GARONE)</u>		· · ·
City*	State*	Zip*	
) Filing by petition with the required si	onature sheets		
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