Candidate Information Candidate Legal Name* Jovan Young			Candidate Name (As it should appear on ballot)*  Jovan Young				
Filing for Office of* School Board Member			District and/or position (if applicable)* Centennial School District/ at large 25 3				
Residence Address, Street/Rou 16901 SE Division St #30	ite*.						
City*		State*	Zip*	County o	f Residence*		
Portland		OR	97236	Multnoma			
Home Phone	Work Ph		Cell Phon	e	Fax		
503-995-2267	503-321-		503-995-	2267	<u> </u>		
Email Address* jovan2@pdx.edu		Date of Election*					
Mailing Address (where all corr	espondence	will be sent) Stree	et/Route*			·	
17173 SE Alder St	•	•					
City*		State*	Zip*	<del></del>			
Portland * Indicates a required field. At		OR	97233				
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