

# Filing of Candidacy for Special District Nomination

**SEL 190**  
rev 01/10: ORS 255.235

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## Candidate Information

Candidate Name Robert Edward Lee		Filing for Office of Director, Reynolds School District Board	
How Name Should Appear on Ballot Robert E. Lee		District, Position or Zone Number if applicable District # 7, Position #1	
Residence Address, Street/Route 970 SW 20th Way			
City Troutdale	State OR	Zip Code 97060-1507	County of Residence Multnomah
Home Phone 503 969 8447	Work Phone 800 952 9566 ext. 241	Cellular Phone	
Fax	Email Address rlee@vantagenw.com	Date of Election May 17, 2011	

## Mailing Address where all correspondence will be sent, Street/Route

PO Box 840

City Troutdale	State OR	Zip Code 97060-1507
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## Filing Information

- Filing of candidacy by declaration, with the required \$10.00 fee.
- Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

## Required Information (if no relevant information, list "none")

**Occupation** present employment – paid or unpaid

Director of Government Affairs & Health Policy Analyst- Care Medical & Rehabilitation Equipment

**Occupational Background** previous employment – paid or unpaid

President (current)- Pacific Association for Medical Equipment Services  
 President-Elect & Legislative Committee Chair- Pacific Association for Medical Equipment Services  
 Health Policy Analyst & Contract Coordinator- Care Medical & Rehabilitation Equipment  
 Secured Transport & Safety Professional- Cascadia Behavioral Healthcare

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## Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Portland State University		MPA	Public Administrat
Portland State University		BA	Political Science
Mount Hood Community College		Transferred	General Studies
Sam Barlow High School	12	Diploma	General Studies

Other:

Portland State University Professional Development Center Executive Healthcare Leadership Pr

Required Information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed  
none

By signing this document, I hereby state:

- that I will qualify for said office if elected
- that all information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box:

- By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the *Campaign Finance Manual*.
- By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the *Campaign Finance Manual*.

February 25, 2011

Candidate's Signature

Date Signed

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**Warning**

Supplying false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715) No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013).

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**For Office Use Only**

Initials  
*EW*

Cash or Check Number  
*#1828*

Candidate ID Number

Receipt Number  
*#22514*

Office Number