

FEB - 7 2017

SEL 190

rev 01/16
ORS 255.235

**Candidate Filing
District**

i All information must be completed or the form will be rejected.

This filing is an

Original

Amendment

Office Information

Filing for Office of: Director, Salem-Keizer School Board

District, Position or County: Zone 1

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First	MI	Last	Suffix	Title
Kathleen	M	Harder		M.D.

How you would like your name to appear on the ballot

Kathleen Harder, M.D.

Candidate Residence/Route Address

Street Address	City	State	Zip
3161 Augusta National Dr. S.	Salem	OR	97302

Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box	City	State	Zip
3161 Augusta National Dr. S.	Salem	OR	97302

Work Phone	Home Phone	Cell Phone	Fax
503.399.2424		405.269.6632	

Email Address	Web Site, if applicable
khindoc@aol.com	friendsofkathleenharder.com

Occupation (present employment) If no relevant experience, None or NA must be entered.

SALEM CLINIC - Adult Medicine Hospitalist, Salem Health 2014-current

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

SALEM CLINIC - Internal Medicine Physician, 2010-2014
 STILLWATER MEDICAL CENTER - Hospitalist 2007-2010
 STILLWATER INTERNAL MEDICINE - 1996-2007
 DALLAS DIAGNOSTIC ASSOCIATES - 1994-1996

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
BAYLOR UNIVERSITY MEDICAL CENTER	DALLAS, TX	INTERNAL MEDICINE	INTERNSHIP & RESIDENCY
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL	DALLAS, TX		M.D.
UNIVERSITY OF NORTH TEXAS		BA	BIOLOGY

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

CITIZENS FACILITIES TASK FORCE, SACEM-KEIZER SCHOOL DISTRICT

Campaign Finance Information (not applicable to candidates for federal office)

Candidate Committee

Yes, I have a candidate committee.

No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.

No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

By signing this document, I hereby state that:

- I will qualify for said office if elected
- all information provided by me on this form is true to the best of my knowledge

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). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Candidate's Signature _____ Date Signed 2.6.17

DEPUTY
 BILL BURGESS, COUNTY CLERK
 17 FEB -7 AM 107
 FILED
 MARION COUNTY, OREGON

For Office Use Only Initials DA