

**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, ZONE 4

District, Position or County: SALEM-KEIZER SCHOOL DISTRICT - 24J

**Filing Information**

Filing with the required \$10.00 fee

Prospective Petition

**Candidate Information**

**Name of Candidate**

First SATYANARAYANA	MI	Last CHANDRAGIRI	Suffix	Title MD
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**How you would like your name to appear on the ballot**

SATYA CHANDRAGIRI

**Candidate Residence/Route Address**

Street Address 3231 COLE ROAD SOUTH	City SALEM	State OR	Zip 97306
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**Candidate Mailing Address and Contact Information:** Only one phone number is required.

Street Address or PO Box 3231 COLE Road South	City SALEM	State OR	Zip 97306
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Work Phone	Home Phone	Cell Phone 503 269 9915	Fax 503 371 2006
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Email Address chandrasclinic @ me.com	Web Site, if applicable www.satyaforOregon.com
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**Occupation (present employment)** If no relevant experience, None or NA must be entered.

PHYSICIAN, PSYCHIATRIST, SMALL BUSINESS OWNER

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

SALEM HOSPITAL  
OREGON STATE HOSPITAL  
HARNEY COUNTY MENTAL HEALTH  
GREATER OREGON BEHAVIORAL HEALTH  
CASCADIA BEHAVIORAL HEALTHCARE

**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
TEMPLE UNIVERSITY HOSPITAL		MD	PSYCHIATRY
NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES, INDIA		MD	PSYCHIATRY
BANGALORE MEDICAL COLLEGE		MBBS	MEDICAL SCHOOL

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.

VETERANS AFFAIRS CLINIC, SALEM, OR  
SUPERINTENDENT, STATE HOSPITAL BLUE MOUNTAIN RECOVERY CENTER, PENDLETON  
WORKGROUP TO DECRIMINALIZE MENTAL ILLNESS

**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)

2-10-2019

Date Signed



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SATYANARAYANA CHANDRAGIRI  
3231 COLE RD S  
SALEM OR 97306

For Office Use Only

Initials

CA