

# COUNTY & SPECIAL DISTRICT



## Affidavit of Candidacy

Information on this affidavit is public unless noted as private.  
See the reverse side for more filing information.

### FILING OFFICER MUST COMPLETE

Filing # \_\_\_\_\_ Fee Amount \$ \_\_\_\_\_

#### Circle payment method:

Cash | Card | Petition | Check # \_\_\_\_\_

☐ Attorney/sheriff candidate: attached copy of license

☐ Viewed ID or proof of residence

☐ Reviewed affidavit for completeness

### Candidate Information

Candidate name as it will appear on the ballot \_\_\_\_\_  
Clearly write or type in mixed upper- and lower-case | Include punctuation and accents | No professional titles

Candidate name pronunciation sounds like \_\_\_\_\_  
If left blank, the accessible ballot marking device's default pronunciation of your name will be used

Office sought \_\_\_\_\_ District /Seat number if applicable \_\_\_\_\_

### Contact Information

Email non-government \_\_\_\_\_

Phone number \_\_\_\_\_

☐ Check box if you do not have email

If you check both this box and the private box below,  
you must provide an address in *Campaign Contact*

### Residence Address Not required for attorney & sheriff candidates

**REMAIN PRIVATE** Both boxes must be checked

**OR**

**NOT PRIVATE** Must provide if boxes to the left are *not* checked

☐ I certify that I meet at least one of the following requirements  
for my residence address to be classified as private data:

- a police report has been submitted,
- an order for protection has been issued,
- I have a reasonable fear for my or my family's safety, or
- my address is otherwise private by Minnesota law

☐ I have completed the *Address of Residence Form* on the reverse

Residence street address

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

### Campaign Contact

Campaign address Optional unless private box is checked and no email is provided \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Campaign website Optional \_\_\_\_\_ can be updated with filing officer any time

### Affirmation & Signature I swear (or affirm):

- This is my true name or the name by which I am generally known in the community.
- I am eligible to vote in Minnesota.
- I have not filed for the same or any other office at the upcoming primary or general election (unless authorized by Minn. Stat. 204B.06, subd. 9).
- I am, or will be on assuming office, 21 years of age or more.
- I will have maintained residence in this district for at least 30 days before the general election.
- I have provided valid identification or documentation of proof of residence authorized in Minn. Stat. 204B.06, subd. 1b that matches the residence address information provided on this affidavit or on a separate form, if address is classified as private data.
- I have provided my phonetic name pronunciation above or I certify that I am directing the official responsible for programming materials for the election to use the applicable technology's default pronunciation of my name.
- If filing for **County Attorney**: I am learned in the law and licensed to practice law in Minnesota. A copy of my Minnesota attorney license is attached.
- If filing for **County Sheriff**: I am a licensed peace officer in Minnesota. A copy of my Board of Peace Officer Standards and Training is attached.
- I meet any other qualifications for this office prescribed by law.

Candidate signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of notary public or other officer  
empowered to take and certify acknowledgement \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary stamp

## County & Special District Affidavit of Candidacy Reminders

### Candidate Filing Location

- Candidates for County Commissioner, County Auditor, County Treasurer, County Recorder, County Sheriff, County Attorney, Soil and Water Supervisor, and other elected county offices must file with the county auditor.
- Candidates for special districts such as hospital or park districts should contact the district's office for information on the filing location.

### Contact and Residence Information

- County attorney, and county sheriff candidates: address information is optional. All candidates must include phone number and a non-government issued email address (unless they do not have an email).
- If candidates check the "My residence address is to be classified as private data" box, they must also complete the Address of Residence form below and provide a campaign contact email or mailing address on their affidavit.
- Residence address must be where candidate maintains residence and cannot be a PO Box.
- Candidates may contact their filing officer after filing to update the campaign information.
- When filing, candidates must provide ID or other documentation (authorized in Minn. Stat. 204B.06, subd. 1b) that matches the residence address.

### Timeframe for Filing & Fees

- Affidavits and fees must be submitted during the designated filing period, with the noted exception: candidates who will be absent from the state during the filing period, may submit the affidavit early (Minn. Stat. 204B.09 subd. 1a).
- Affidavits may be mailed in or dropped off by others, but must:
  1. be notarized,
  2. include a copy of identification or other documentation authorized in Minn Stat. 204B.06 subd. 1 that matches the residence address on the affidavit,
  3. have all other required information completed, and
  4. have payment for filing fee included.

Filing fees and additional candidate filing information can be found at [mnvotes.gov/candidates](http://mnvotes.gov/candidates).

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### Address of Residence Form

This form must be completed when a candidate has checked the Private Data box, certifying that their address of residence for the purposes of candidate filing should be classified as private data. The address of residence is used by the filing officer to determine whether the address of residence listed by the candidate is located in the area represented by the office sought, pursuant to Minnesota Statutes, section 204B.06, subd. 1b (b). This information will be available to the filing officer and other elections officials with whom that filing officer consults to determine whether the address of residence is located in the area represented by the office sought.

### Candidate and address of residence

Candidate Name \_\_\_\_\_

Office sought \_\_\_\_\_ District/seat (if applicable) \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Statement

Pursuant to Minnesota Statutes 204B.06, subd. 1b (c), I certify that a police report has been submitted, an order for protection has been issued, or I have a reasonable fear for my or my family's safety; or my address is otherwise private by Minnesota law.

Signature of candidate \_\_\_\_\_ Date \_\_\_\_\_

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Office of the Minnesota  
Secretary of State