MINNESOTA PETITION IN PLACE OF FILING FEE

We, the ι	undersigned eligible voters, residi	ng in the election distri	ict for the office set forth below	v, understand that it is intended that this petition be
presente	d in place of the filing fee otherwi	se required by law by	(name of candidate)	at the time of filing an affidavit of candidacy for the
office of _	(office sought and district number, if any)	to be voted on at the	general election to be held on	November 5, 2024, as provided by Minnesota
Statutes	section 204B 11 subdivision 2			

SIGNER'S OATH

"I swear (or affirm) that I know the contents and purpose of this petition and that I signed this petition only once and of my own free will."

ALL INFORMATION ON THIS PETITION IS SUBJECT TO PUBLIC INSPECTION ***All information must be filled in by person(s) signing the petition unless disability prevents the person(s) from doing so.***

	DATE	PRINT FIRST, MIDDLE, AND LAST NAME	YEAR OF BIRTH (If born in 2006 list month & day)	SIGNATURE	RESIDENCE ADDRESS (number and street or route and box number) (Not a P.O. Box)	CITY OR TOWNSHIP	COUNTY
1.							
2.							
3.							
4.							
5.							