

Affidavit of Candidacy for County & Special District Candidates

Applies to the offices

- County Attorney
- County Auditor-Treasurer
- County Commissioner
- County Recorder
- County Sheriff
- County Hospital District

If you are looking for information on filing for a federal, state, or local office, visit the

[Become a Candidate webpage](https://mnvotes.gov/candidates)
(<https://mnvotes.gov/candidates>)

NOTE: payment methods for filing fees vary by office. If you only have credit or debit card, inquire with your filing office first before visiting in case they cannot support card payments.

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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
- Excluding attorney/sheriff: 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 boxes 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 in *Remain Private* are not checked

I request that my residence address be classified as private data.

I have completed the *Address of Residence Form* on the next page.

Residence street address _____

City _____

State _____ Zip code _____

Campaign Contact

Campaign address Optional unless private boxes checked and no email 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.
- **Excluding attorney/sheriff candidates:** 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 License 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 acknowledgment _____

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.
- **Excluding sheriff and attorney candidates:** 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 <https://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. This information will be available to the filing officer and other elections officials with whom that filing officer consults to verify whether the residence address matches the address provided on the candidate's identification or proof of residence documentation.

Candidate and address of residence

Candidate name _____

Office sought _____ District/seat (if applicable) _____

Residence address _____

City _____ State _____ Zip code _____

Signature of candidate _____ Date _____

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Office of the Minnesota
Secretary of State