Office of the Minnesota Secretary of State

WRITTEN REQUEST BY WRITE-IN CANDIDATES FOR SD 29 SPECIAL ELECTION

Instructions

| For the 2025 State Senate District 29 special election. | |
|---|------------------------------|
| Submit this form to: | |
| Minnesota Secretary of State Elections Division Veterans Services Building 20 W 12th Street, Suite 210 Saint Paul, MN 55155 | |
| This form must be received on or before October 28, 2025 for write-in vot | es to be counted separately. |
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| Statement | |
| l, | |
| who resides at | |
| request that all write-in votes cast for me for the office of State Senator at the Senate District 29 | |
| special election on November 4, 2025 be counted in accordance with Minnesota Statutes 204B.09, | |
| subd. 3. | |
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| | |
| Signature | Date |
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