MINNESOTA SECRETARY OF STATE
ELECTION CANDIDATE INFORMATION FORM

(VOLUNTARY DISCLOSURE)
Please type or print clearly

You are invited to complete this form and leave it with the filing office for public information. The Secretary of State does not edit the information submitted. Information submitted by state and federal candidates will be scanned and placed on the Secretary of State's web site: www.sos.state.mn.us. If you are filing for state or federal office at a county, please FAX a copy of this complete form to us at 651-296-9073 if you wish this information to be published on the web.

Your Name: _____ Age: _____

Your address: _____

Telephone Number: _____

E-Mail: _____ Web site:_____

Occupation and employer: _____

Office Sought: _____

Political party or principle: _____

Current office held: _____ First year elected or appointed: _____

Previous elected or appointed public offices: _____

Endorsements: _____

Comments or filing statement (use this space only):

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I certify that the information provided on this form is true.

_____ _____
Candidate Signature Date

If you have any questions, please contact the Elections Division at 651-215-1440.
Please submit this information: Fax: 651-296-9073
Mail: 180 State Office Building, 100 Rev Dr Martin Luther King Jr. Blvd, St. Paul, MN 55155