



City of Braham Affidavit of Candidacy

Filing #: _____

Date: _____

Filing Fee: \$2.00 Paid

All information on this form is available to the public. Information provided will appear on the Secretary of State's website at www.sos.state.mn.us. Filing period is July 28, 2020 until 5:00 pm on August 11, 2020.

Please print or type: Name (as it will appear on the ballot):

Office Sought: Council member (4 year term) Mayor (2 year term)

Candidate Residence Address (Do not complete if residence address is to be private and checkbox below is marked)

Street Address: _____

City: _____ State: _____ Zip: _____

My residence address is to be classified as private data. I certify a police report has been submitted, or I have an order for protection regarding my safety or my family's safety, and I have attached a separate form listing my residence address.

Candidate Phone Number (Required):

(____) _____

Campaign Contact Address (Required for those who have checked the box above)

Street Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Email: _____

I swear (or affirm) that this is my true name or the name by which I am generally known in the community and that:

- 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;
- I am, or will be on assuming office, 21 years of age or more; and
- I will have maintained residence in this district for at least 30 days before the general election.
- I meet any other qualifications for this office as prescribed by law.

Candidate's Signature

Subscribed and sworn before me this ____
day of _____, 2020

Date

Notary Public or other officer empowered
to take and certify acknowledgements