## Office of the Minnesota Secretary of State

## **ELECTION CANDIDATE INFORMATION FORM (VOLUNTARY DISCLOSURE)**

## **Instructions**

Federal and State candidates are invited to complete this form in whole or in part. Submit it through the filing officer or by sending it to the Secretary of State via email (elections.dept@state.mn.us) or mail:

180 State Office Building, 100 Rev. Dr. Martin Luther King, Jr. Blvd., St. Paul, MN 55155-1299

Information submitted on this form will be published on the Secretary of State's web site. The Office of the Secretary of State does not edit the information submitted. Additional sheets will not be published.

Candidate Information		
Candidate Name		
Office Sought		
Political Party or Principle		
Address		
Preferred mailing address (if different)		
Telephone	Fax	
E-Mail	Web site	
Occupation and Employer		Age
Current Office Held	First Yo	ear Elected or Appointed
Previous Elected or Appointed Public Offic	ces	
Endorsements		
Lituoisements		
Comments or Filing Statement (use this sp	pace only)	
I certify that the information provided on	this form is true.	
Candidate Signature		Date