



City of Maplewood
1830 County Road B East
Maplewood, MN 55109

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 Additional sheets will not be published.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 Year Elected or Appointed _____

Previous Elected or Appointed Public Offices

Endorsements

Comments or Filing Statement (use this space only)

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

Candidate Signature _____ Date _____