Filing #:					
Check/Check #:					
Filing Fee: \$15.00					

Date



## 2024 Affidavit of Candidacy

		•	rmation provided will ap $\gamma$ 21, 2024 and ends at 5:	•	
Candidate Information	_	hallot):			
Candidate Name: (as it	wiii appear on the	e DallOt):			
Office Sought:					
	Councilmen	nber (2-year terr	n, beginning November (	5, 2024 through Decem	ber 31, 2026)
	Councilmember (4-year term, beginning January 2025 through December 31, 2028)				
	Councilmember (4-year term, beginning January 2025 through December 31, 2028)				
Candidate Phone Numb	er (Required):				
Email:					
☐ Check box if you do	not have an ema	il address			
			ta. I certify a police repo		
Street Address:					
City: <u>Isanti</u>		State:	Minnesota	Zip Code:	55040
Campaign Contract Info		those who have	checked the box above)	)	
Campaign Address:					
City:Isanti_		State:	Minnesota	Zip Code:	55040
Campaign Website:					
Affirmation: I swear (or affirm) that	this is my true na	me or the name	by which I am generally	y known in the commu	nity and that:
Stat. 204B.06, s  I am, or will be  I will have main	for the same or a subd. 9; assuming office, 2 stained residence	ny other office a 21 years of age of in this district fo			ept as authorized by Minn.
			(Notary Stamp)		
Candidate Signature	<del></del>		Subscribed Day of	d and sworn before me	this , 2024.

**Notary Public**