



Affidavit of Candidacy

Information on this affidavit is public data unless noted as private.
See the reverse side for more filing information.

FILING OFFICER MUST COMPLETE

Filing # 3 Fee Amount \$ 2.00
 Circle payment method:
 Cash | Card | Petition | Check # _____
☒ Viewed ID or proof of residence
☒ Reviewed affidavit for completeness

Candidate Information

Candidate name as it will appear on the ballot Anne Claflin
Clearly write or type in mixed upper- and lower-case | Include punctuation and accents | No professional titles
 Candidate name pronunciation sounds like KLAH - FLIN
If left blank, the accessible ballot marking device's default pronunciation of your name will be used
 Office sought School Board District /Seat number if applicable 4yr

Contact Information

Email non-government Anne.Claflin@gmail.com
 Phone number 651-894-4187
☐ Check box if you do not have email
 If you check both this box and the private box below, you must provide an address in Campaign Contact

Residence Address

REMAIN PRIVATE Both boxes must be checked **OR** **NOT PRIVATE** Must provide if boxes to the left are not checked

☐ I request that my residence address be classified as private data.

☐ I have completed the Address of Residence Form on the next page.

Residence street address _____

City So St Paul

State MN Zip code 55075

Campaign Contact

Campaign address Optional unless private boxes checked and no email provided _____

City _____ State _____ Zip code _____

Campaign website Optional _____ can be updated with filing officer any time

Affirmation & Signature I swear (or affirm):

- This is my true name or the name by which I am generally known in the community.
- 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 (unless authorized by Minn. Stat. 204B.06, subd. 9).
- I am, or will be on assuming office, 21 years of age or more.
- I will have maintained residence in this district for at least 30 days before the general election.
- I have provided valid identification or documentation of proof of residence authorized in Minn. Stat. 204B.06, subd. 1b that matches the residence address information provided on this affidavit or on a separate form, if address is classified as private data.
- I have provided my phonetic name pronunciation above or I certify that I am directing the official responsible for programming materials for the election to use the applicable technology's default pronunciation of my name.
- If filing for School Board Member: I also swear (or affirm) I have not been convicted of an offense for which registration is required under Minn. Stat. 243.166.
- I meet any other qualifications for this office prescribed by law.

Candidate signature Anne Claflin Date 7/15/24

Signature of notary public or other officer empowered to take and certify acknowledgment Kiley Thompson

Subscribed and sworn to before me this 15 day of July, 2024



KILEY THOMPSON
NOTARY PUBLIC
MINNESOTA

My Commission Expires 1/31/2028
Notary stamp