CITY, TOWN, SCHOOL DISTRICT, & SPECIAL DISTRICT

FILING OFFICER MUST COMPLETE

Filing # _____ Fee Amount $ _____

Circle payment method:

Cash | Card | Petition | Check # _____

☐ Viewed ID or proof of residence

☐ Reviewed affidavit for completeness

Affidavit of Candidacy

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

Candidate Information

Candidate name as it will appear on the ballot: Beth Carlson

Clearly write or type in mixed upper- and lower-case | Include punctuation and accents | No professional titles

Candidate name pronunciation sounds like _____

If left blank, the accessible ballot marking device's default pronunciation of your name will be used

Office sought Mayor **District /Seat number** if applicable _____

Contact Information

Email non-government bethcarlsonformayor@gmail.com

Phone number 507 205 3834

☐ **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 90 Linden St

City Lewiston

State MN **Zip code** 55952

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 Beth Carlson **Date** 7-16-2026

Signature of notary public or other officer empowered to take and certify acknowledgment Andrea L Eickhoff

Subscribed and sworn to before me this 16 **day of** July, 20 26

ANDREA L. EICKHOFF
Notary Public-Minnesota
My Commission Expires Jan. 31, 2027

Notary stamp