



Office of the Minnesota Secretary of State
AFFIDAVIT OF CANDIDACY

Filing #	2017-07
Cash/Check #	
Amount \$	5.00

Instructions

All information on this form is available to the public. Information provided will be published on the [Secretary of State's website](#). If filing for partisan office and not a major party candidate, you must file both an affidavit of candidacy and a nominating petition. (Minn. Stat. 204B.03)

Candidate Information

Name and Office

Candidate Name (as it will appear on the ballot) SUSAN ERICKSON
 Office Sought City Council District # _____
 For Partisan Office, Provide Political Party or Principle _____
 For Judicial Office, Provide Name of Incumbent _____

Residence Address

Do not complete if residence address is to be private and checkbox below is marked. All address and contact information is optional for federal, judicial, county attorney, and county sheriff office candidates.

Street Address 2012 29th AVE NW
 City NEW BRIGHTON State MN Zip Code 55112

My residence address is to be classified as private data. I certify a police report has been submitted or I have an order for protection for my (or my family's) safety, or my address is otherwise private by Minnesota law. I have attached a separate form listing my residence address.

Campaign Address and Contact

Candidate Phone Number (Required) 651-285-7319
 Campaign Contact Address (Required for those who have checked the box above):
 Street Address 2012 29th AVE NW
 City NEW BRIGHTON State MN Zip Code 55112
 Website _____ Email email to sue@comcast.net

Affirmation

For all offices, I swear (or affirm) that this is my true name or the name by which I am generally known in the community.

If filing for a state or local office, I also swear (or affirm) that:

- 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 (except as provided in M.S. 204B.06, subd. 1 (2));
- 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; and
- If a major political party candidate, I either participated in the party's most recent precinct caucuses or intend to vote for a majority of that party's candidates at the next general election.

If filing for one of the following offices, I also swear (or affirm) that I meet the requirements listed below:

- **United States Senator** – I will be an inhabitant of this state when elected and I will be at least 30 years old and a citizen of the United States for not less than nine years on the next January 3rd, or if filled at special election, within 21 days after the election.
- **United States Representative** – I will be an inhabitant of this state when elected and I will be at least 25 years old and a citizen of the United States for not less than seven years on the next January 3rd, or if filled at special election, within 21 days after the election.
- **Governor or Lieutenant Governor** – I will be at least 25 years old on the first Monday of the next January and a resident of Minnesota for not less than one year on election day. I am filing jointly with _____
- **Supreme Court Justice, Court of Appeals Judge, District Court Judge, or County Attorney** – I am learned in the law and licensed to practice law in Minnesota. My Minnesota attorney license number is _____ and a copy of my license is attached.
- **State Senator or State Representative** – I will be a resident of Minnesota not less than one year and of this district for six months on the day of the general or special election.
- **County Sheriff** – I am a licensed peace officer in Minnesota. My Board of Peace Officer Standards and Training license number is _____ and a copy of my license is attached.
- **School Board Member** – I have not been convicted of an offense for which registration is required under Minn. Stat. 243.166.
- **County, Municipal, School District, or Special District Office** – I meet any other qualifications for that office prescribed by law.

Candidate Signature Susan A Erickson Date 8-15-17

Subscribed and sworn to before me this 15th day of August, 2017.

Sandra Daniloff, Election Official

Notary public or other officer empowered to take and certify acknowledgement (Notary stamp)

CAMPAIGN FINANCIAL REPORT

(All of the information in this report is public information)

Name of candidate, committee or corporation SUSAN A. ERICKSON

Office sought or ballot question City Council District _____

Type of report X Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
 _____ Final report

Period of time covered by report:

from 8-15-17 to 9-18-17

CONTRIBUTIONS RECEIVED

Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize all contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount and date for these contributions.

CASH \$ 150.00 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ _____

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
<u>9-8-17</u>	<u>Printing</u>	<u>\$872.00</u>
	TOTAL	

CORPORATE PROJECT EXPENDITURES

Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Project title or description _____

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	

I certify that this is a full and true statement. Susan A. Erickson 9-18-17
 Signature _____ Date email to sue
 Printed Name SUSAN ERICKSON Telephone 651-285-7319 Email (if available) @comcast.net
 Address 2012 29th Ave NW New Brighton, MN 55112

Report Office Name For Office Use Only:

CAMPAIGN FINANCIAL REPORT

(All of the information in this report is public information)

Name of candidate, committee or corporation SUSAN ERICKSON

Office sought or ballot question City Council District _____

Type of report _____ Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
X Final report

Period of time covered by report:
 from 9-19-17 to 11-14-17

CONTRIBUTIONS RECEIVED

Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize all contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount and date for these contributions.

CASH \$ 700.00 TOTAL CASH-ON-HAND \$ -0-
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 700.00

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
10-23-17	Printing	\$220.00
10-23-17	Newspaper insert	290.00
11-5-17	Facebook boost	10.00
TOTAL		\$516.40

CORPORATE PROJECT EXPENDITURES

Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Project title or description _____

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement. Susan A. Erickson 11-14-17
 Signature Date
 Printed Name SUSAN ERICKSON Telephone 651-285-7319 Email (if available) emailtosue@comcast.net
 Address 2012 29th Ave NW New Brighton, MN 55112

Report Office Name For Office Use Only:

November 1, 2017 contribution from Self-Employed, President Dale Zoerb, 1920 Oakcrest Avenue, Roseville, MN 55113 \$600.00

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes 211A.05, subdivision 1*)

Campaign Information

Name of candidate or committee
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)

Certification

Select the appropriate choice below, and sign.

I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer.

I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer
Date