Office of the Minnesota Secretary of State

AFFIDAVIT OF CANDIDACY

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. 2048.03)

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 AVENUE 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 AVENUE NW
City: New Brighton
State: MN
Zip Code: 55112
Website: Email: emailtosue@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. 2048.06, 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 filed 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 filed 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 DANILEFF, Election Official

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

White Copy – Filing Officer Yellow Copy – CFPD Board Pink Copy – Public Information Goldenrod Copy – Candidate
Rev. 5/2015
CAMPAIN 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

Type of report: X Candidate 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-8-17</td>
<td>Printing</td>
<td>$872.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose</th>
<th>Name and Address of Recipient</th>
<th>Expenditure or Contribution Amount</th>
</tr>
</thead>
</table>

TOTAL

I certify that this is a full and true statement. Susan A. Erickson 9-18-17

Signature

Date

Email: sue@comcast.net

Printed Name: Susan Erickson

Telephone: 651-285-7219

Email (if available): sue@comcast.net

Address: 2012 29th Ave NW New Brighton, MN 55112
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: COUNCIL
District:

Type of report:
- Candidate report
- Campaign committee report
- Association or corporation report
- **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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
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<tbody>
<tr>
<td>CASH</td>
<td>$700.00</td>
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<tr>
<td>TOTAL CASH-ON-HAND</td>
<td>$ 0.00</td>
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<tr>
<td>IN-KIND</td>
<td>+</td>
</tr>
<tr>
<td>TOTAL AMOUNT RECEIVED</td>
<td>$700.00</td>
</tr>
</tbody>
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DISBURSEMENTS
Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

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<thead>
<tr>
<th>Date</th>
<th>Purpose</th>
<th>Amount</th>
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<tbody>
<tr>
<td>10-23-17</td>
<td>Printing</td>
<td>$200.00</td>
</tr>
<tr>
<td>10-23-17</td>
<td>Newspaper insert</td>
<td>$300.00</td>
</tr>
<tr>
<td>11-5-17</td>
<td>Facebook boost</td>
<td>4.00</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td>$516.40</td>
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</tbody>
</table>

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.

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<th>Purpose</th>
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<td><strong>TOTAL</strong></td>
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I certify that this is a full and true statement. SUSAN ERICKSON 11-14-17

Signature Date

Printed Name SUSAN ERICKSON Telephone (651-285-7849)
Email (if available) comcast.net
Address 2012 29th Ave NW (Apt) Brighton, MN 55112
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: SUSAN ERICKSON
Office sought by candidate (if applicable): City Council
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: SUSAN A. ERICKSON
Date: 11-14-17

Revised 2/2014