

Office of the Minnesota Secretary of State AFFIDAVIT OF CANDIDACY

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Instructions

All information on this form is available to the public. Information provided will be published on the <u>Secretary of State's website</u>. 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) Office Sought SCHOOL BOARD	HATZ
	District #91
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 majudicial, county attorney, and county sheriff office candidates.	arked. All address and contact information is optional for federal,
Street Address 1862 GOLD TRAIL	
City EAGAN	State_MN Zip Code 55122
My residence address is to be classified as private data. I certify a polic (or my family's) safety, or my address is otherwise private by Minnesota	e report has been submitted or I have an order for protection for malaw. I have attached a separate form with my residence address.
Campaign Address and Contact Candidate Phone Number (Required) (65) 955 830)	
Campaign Contact Address (Required for those who have checked the box above	ve):
Street Address 1862 GOLD TRAIL	
CityEAGAN	State_MN Zip Code_551ZZ
	darcy, Schatz Egmail, can
For all offices, I swear (or affirm) that this is my true name or the name by wh 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 go 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 lift a major political party candidate, I either participated in the party's most reparty's candidates at the next general election.	general election (except as provided in <i>M.S.</i> 204B.06, subd. 1 (2)); general election; and ecent precinct caucuses or intend to vote for a majority of that
 If filing for one of the following offices, I also swear (or affirm) that I meet the United States Senator – I will be an inhabitant of this state when elected and not less than nine years on the next January 3rd, or if filled at special election United States Representative – I will be an inhabitant of this state when elected and not less than seven years on the next January 3rd, or if filled at special election Governor or Lieutenant Governor – I will be at least 25 years old on the first less than one year on election day. I am filing jointly with Supreme Court Justice, Court of Appeals Judge, District Court Judge, or Cour in Minnesota. My Minnesota attorney license number is State Senator or State Representative – I will be a resident of Minnesota not the general or special election. County Sheriff – I am a licensed peace officer in Minnesota. My Board of Peace and a copy of my license is attached. 	I will be at least 30 years old and a citizen of the United States for it, within 21 days after the election. I ted and I will be at least 25 years old and a citizen of the United cial election, within 21 days after the election. Monday of the next January and a resident of Minnesota for not interpret in the law and licensed to practice law and a copy of my license is attached. Less than one year and of this district for six months on the day of
 School Board Member – I have not been convicted of an offense for which re 	gistration is required under Minn. Stat. 243.166.
County, Municipal, School District, or Special District Office – I meet any oth	er qualifications for that office prescribed by law.
Candidate Signature School School	Date 8-16-16 JAMI M KENNEY NOTARY PUBLIC
Subscribed and sworn to before the this No day of Acquist Wotary public or other officer empowered to take and certify acknowledgement	state of Minnesota My Commission Expires January 31, 2017 (Notary stamp)

Office of the Minnesota Secretary of State

ELECTION CANDIDATE INFORMATION FORM (VOLUNTARY DISCLOSURE)

Instructions

Federal and State candidates are invited to complete this form in whole or in part. Submit it through the filing officer or by sending it to the Secretary of State via email (elections.dept@state.mn.us) or mail:

180 State Office Building, 100 Rev. Dr. Martin Luther King, Jr. Blvd., St. Paul, MN 55155-1299

Information submitted on this form will be published on the <u>Secretary of State's web site</u>. The Office of the Secretary of State does not edit the information submitted. Additional sheets will not be published.

Candidate Information				
Candidate Name DARCY SCHATZ				
Office Sought SCHOOL BOARD				
Political Party or Principle				
Address 1862 GOLD TRAIL				
Preferred mailing address (if different)				
Telephone 651 955 830)	Fax			
E-Mail dary, Schotz egmol. can	Web site			
Occupation and Employer Self			٨٥٥	45
Current Office Held N/A First Year Elected or				
Previous Elected or Appointed Public Offices		That real Elected of Appo	iiiteu	
Endorsononte				
Endorsements				
Comments or Filing Statement (use this space only)				
I certify that the information provided on this form is	true.			
Candidate Signature Duy Schot		Date 8-1	le-16	2