



Affidavit of Candidacy

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

Filing # 3 Fee Amount \$ 2
 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 Sheila Smude
 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 Board of Education District /Seat number if applicable 877

Contact Information

Email non-government letgo_letgod@msn.com ☐ Check box if you do not have email
 Phone number 763-226-4500 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 certify that I meet at least one of the following requirements
 for my residence address to be classified as private data:

- a police report has been submitted,
- an order for protection has been issued,
- I have a reasonable fear for my or my family's safety, or
- my address is otherwise private by Minnesota law

☒ I have completed the Address of Residence Form on the reverse

Residence street address _____

City _____

State _____ Zip code _____

Campaign Contact

Campaign address Optional unless private box is checked and no email is provided _____

City _____ State _____ Zip code _____

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

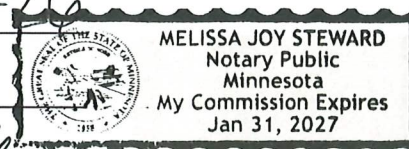
Affirmation & Signature I swear (or affirm):

- 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 Sheila R. Smude Date 7-15-26

Signature of notary public or other officer
 empowered to take and certify acknowledgement M. Stewart

Subscribed and sworn to before me this 15 day of July, 2026



Notary stamp