CITY, TOWN, SCHOOL DISTRICT, & SPECIAL DISTRICT

Affidavit of Candidacy

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

FILING OFFICER MUST COMPLETE

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

Phone number 763-226-4500

☐ **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 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 MJSteward

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

MELISSA JOY STEWARD
Notary Public
Minnesota
My Commission Expires
Jan 31, 2027

Notary stamp