



Affidavit of Candidacy

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

Filing # 2 Fee Amount \$ 50
 Circle payment method:
 Cash | Card | Petition | Check # 5003
 Viewed ID or proof of residence
 Reviewed affidavit for completeness

Candidate Information

Candidate name as it will appear on the ballot Norman Wahl
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 Rochester City Council # District /Seat number if applicable Ward 3

Contact Information

Email non-government normanwahl@gmail.com
Phone number 507.421.8969

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 5841 Dogwood Ct NW
City Rochester
State MN Zip code 55901

Campaign Contact

Campaign address Optional unless private box is checked and no email is provided 5841 Dogwood Ct NW
City Rochester State MN Zip code 55901

Campaign website Optional normanwahl.com 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 Norman W. Wahl Date 5.19.26

Signature of notary public or other officer empowered to take and certify acknowledgment Ann Marie Kasel

Subscribed and sworn to before me this 19th day of May, 2026



City, Town, School District, and Special District Affidavit of Candidacy Reminders

Candidate Filing Location

- Candidates for Mayor, Council Member, and other elected city offices must file with the city clerk.
- Candidates for Town Clerk, Town Supervisor, Town Treasurer, and other elected township offices must file with the town clerk.
- Candidates for School Board Member must file with the school district clerk.
- Candidates for special districts such as hospital or park districts should contact the district's office for information on the filing process.

Contact and Residence Information

- If candidates check the "My residence address is to be classified as private data" box, they must also complete the Address of Residence form below and provide a campaign contact email or mailing address on their affidavit.
- Residence address must be where candidate maintains residence and cannot be a PO Box.
- Candidates may contact their filing officer after filing to update the campaign information.
- When filing, candidates must provide ID or other documentation (authorized in Minn. Stat. 204B.06, subd. 1b) that matches the residence address.

Timeframe for Filing & Fees

- Affidavits must be submitted during the designated filing period, with the noted exception: candidates for municipal offices, special district, and school board member who will be absent from the state during the filing period may submit the affidavit early (Minn. Stat. 205.13 subd. 1b; Minn. Stat. 205A06, subd. 1c).
- Affidavits may be mailed in or dropped off by others, but must:
 1. be notarized,
 2. include a copy of identification or other documentation authorized in Minn Stat. 204B.06 subd. 1 that matches the residence address on the affidavit,
 3. have all other required information completed, and
 4. have payment for filing fee included. Completed affidavits and filing fees must be received by the filing officer within the filing period.

Filing fees and additional candidate filing information can be found at mvotes.gov/candidates.

PRIVATE: DO NOT COPY PRIVATE: DO NOT COPY PRIVATE: DO NOT COPY PRIVATE: DO NOT COPY PRIVATE: DO NOT COPY

Address of Residence Form

This form must be completed when a candidate has checked the Private Data box, certifying that their address of residence for the purposes of candidate filing should be classified as private data. The address of residence is used by the filing officer to determine whether the address of residence listed by the candidate is located in the area represented by the office sought, pursuant to Minnesota Statutes, section 204B.06, subd. 1b (b). This information will be available to the filing officer and other elections officials with whom that filing officer consults to determine whether the address of residence is located in the area represented by the office sought.

Candidate name and address of residence

Candidate Name _____
Office sought _____ District/seat (if applicable) _____
Residence Address _____
City _____ State _____ Zip code _____

Statement

Pursuant to Minnesota Statutes 204B.06, subd. 1b (c), I certify that a police report has been submitted, an order for protection has been issued, or I have a reasonable fear for my or my family's safety; or my address is otherwise private by Minnesota law.

Signature of candidate _____ Date _____

PRIVATE: DO NOT COPY PRIVATE: DO NOT COPY PRIVATE: DO NOT COPY PRIVATE: DO NOT COPY PRIVATE: DO NOT COPY



Office of the Minnesota
Secretary of State



CITY OF
ROCHESTER
MINNESOTA

Name Pronunciation Form

Submit at the time of filing.

Provided for assistive voting devices used in polling places.

Name:

Norman Wahl

Phonetic Pronunciation:

NOR-man Wahl