



Office of the Minnesota Secretary of State
AFFIDAVIT OF CANDIDACY

Filing #	6
Cash/Check #	cash
Amount \$	2.00

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. 204B.03)

Candidate Information

Name and Office

Candidate Name (as it will appear on the ballot) Bob Prigge

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 740 Willowmere Drive

City Zumbrota State MN Zip Code 55992

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) (507) 272-1692

Campaign Contact Address (Required for those who have checked the box above):

Street Address _____

City _____ State _____ Zip Code _____

Website _____ Email _____

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. 204B.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.

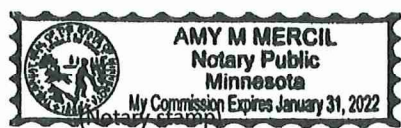
If filing for one of the following offices, I also swear (or affirm) that I meet the requirements listed below:

- **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 filled 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 filled 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 Robert W Prigge Date 10/8/20

Subscribed and sworn to before me this 10 day of August, 2020.

Notary public or other officer empowered to take and certify acknowledgement





OFFICE OF THE MINNESOTA SECRETARY OF STATE

CANDIDATE NAME PRONUNCIATION FORM

Candidate's Name (clearly print): Robert Prigge

Office Filed For (clearly print): CITY Council

Type of District (circle one):

- Federal State Judicial County S&WCD City Township School District Hospital District Park District Other

District's Name (clearly print): CITY of Zumbrota

Candidate Name's Pronunciation:

RAH-burt PR1-gee

Additional Notes:

Info of Staff Member completing this form:

Name and Title: _____

Name of Your Jurisdiction: _____

Date completed: _____

Date submitted to County Auditor's Office: _____

Date submitted to ERS Data-Entry Staff Member: _____

Date entered into ERS: _____

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 Secretary of State's web site. The Office of the Secretary of State does not edit the information submitted. Additional sheets will not be published.

Candidate Information

Candidate Name Robert W Prigg

Office Sought CITY Council

Political Party or Principle

Address

Preferred mailing address (if different)

Telephone Fax

E-Mail Web site

Occupation and Employer Age

Current Office Held First Year Elected or Appointed

Previous Elected or Appointed Public Offices

Endorsements

Comments or Filing Statement (use this space only)

I certify that the information provided on this form is true.
Candidate Signature Date