



**AFFIDAVIT OF CANDIDACY**  
**SECRETARY OF STATE**  
 SFN 02703 (10-2023)

Secretary of State  
 State of North Dakota  
 600 E Boulevard Ave Dept 108  
 Bismarck ND 58505-0500  
 Telephone: (701) 328-4146  
 Toll-Free: (800) 352-0867, option 6  
 Fax: (701) 328-3413  
 Email: [soselect@nd.gov](mailto:soselect@nd.gov)  
 Website: [Vote.ND.Gov](http://Vote.ND.Gov)

**SEE PAGE 2 FOR INSTRUCTIONS.**

**Please print.**

Provisions regarding the Affidavit of Candidacy are found in North Dakota Century Code, Sections 16.1-11-10 and 16.1-12-02.1.

**Candidate Information**

First name	Last name	Telephone number	County of residence	
Residential address (required)		City	State	ZIP code
Mailing address and address for public distribution		City	State	ZIP code
Non-government email address (required)		Website (if applicable)		

**Office/Ballot Information**

Office seeking	Term <input type="checkbox"/> Full <input type="checkbox"/> Unexpired	
District number (if applicable)	District name (if applicable)	Judgeship number (if applicable)
Political party affiliation of candidate* <input type="checkbox"/> Republican <input type="checkbox"/> Democratic-NPL <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ <input type="checkbox"/> independent candidate <input type="checkbox"/> No-Party		
*The No-Party designation must be used for all county, judicial, multi-district, and city offices, and the office of Superintendent of Public Instruction. All other candidates must designate a political party or independent.		
Election (select Primary if the office will appear on both the Primary and General Election ballot) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special		Date of election
Ballot name requested (nicknames are permitted, but titles and campaign slogans are not)		

**I certify that I am the candidate named above; and I request that my name as indicated above be printed upon the ballot as candidate to the above-referenced office at the election to be held on the date of election identified above. I have reviewed the requirements to hold the office identified above and certify that I am qualified to serve, if elected. I have examined this Affidavit of Candidacy, and to the best of my knowledge and belief, it is true, correct and complete.**

Signature of candidate	Date
------------------------	------

State	County	Notary stamp
Subscribed and sworn to before me on	Date	
Signature of notary public or other authorized officer		

## INSTRUCTIONS FOR AFFIDAVIT OF CANDIDACY

### CANDIDATE INFORMATION:

N.D.C.C. §§ 16.1-11-10 and 16.1-12-02.1 require a candidate to provide his or her first name, last name, residential street address, city, state, ZIP Code and county of residence. Mailing address is requested since some Post Offices in the state will only deliver mail to a mailing address, such as a PO Box and this office will be sending a letter to you after receipt of this form along with the other required forms for candidacy. Telephone number and email address are requested so that our office can quickly communicate with you if necessary.

Filing offices make certain candidate information available to the public by website because of the large number of requests received for this information. The information provided on this form for Residential Address **will not** be made available to the public either through a filing office website or a request to view or obtain a copy of the submitted form. Information provided on this form for Name, Telephone Number, County, Mailing Address (including the associated City, State and ZIP Code), Email Address and Website will be made public. If you wish to have your residential address made available to the public, re-enter this address in the mailing address fields.

Provide the candidate's email address and website, if applicable. An nd.gov email account may be used if it is used in compliance with N.D.C.C. § 54-03-26.

### OFFICE/BALLOT INFORMATION:

Provide the office the candidate is seeking. Indicate whether the office the candidate is seeking is for a full term or an unexpired term. For legislative candidates, provide the legislative district number. For judicial district candidates, provide the judicial district name and judgeship number. For county or multi-county offices, provide the district number or name when necessary (i.e. "District 1" for the office of County Commissioner or "James River" for the office of Soil Conservation District Supervisor).

Political Party Affiliation of Candidate: Indicate the political party affiliation of the candidate. Candidates for Superintendent of Public Instruction, judicial, county or multi-county office must check the "No-Party" box. For all other offices, check either Democratic-NPL, Republican, independent or Other. If "Other," include the name of the political party.

Indicate the election at which the candidate's name should appear on the ballot. If the office will appear on both the Primary Election ballot and General Election ballot, check "Primary." Provide the date of the election.

Ballot Name Requested: Provide the candidate's name as it should appear on the ballot. Nicknames are permitted, but titles and campaign slogans are not. Candidates will not be allowed to change this version of their name after 4:00 p.m. on the 64th day prior to the election.

### WHO FILES:

The Affidavit of Candidacy must be filed by all candidates seeking to have their names placed on the ballot for federal, statewide, judicial, legislative, county, and multi-county offices in North Dakota.

### WHEN TO FILE:

The Affidavit of Candidacy must be filed before 4:00 p.m. of the 64th day, prior to an election. If the Affidavit of Candidacy is mailed, it must be in the physical possession of the appropriate filing officer before 4:00 p.m. on the 64th day prior to the election.

This form must be accompanied with a Statement of Interests (SFN 10172) and either a Certificate of Endorsement (SFN 17196) or Petition/Certificate of Nomination (SFN 02704).

### WHERE TO FILE:

#### Federal, statewide, judicial and legislative candidates:

If this form was completed using the online Candidate Forms Completion and Filing System for Ballot Access, either upload the form into the online Candidate Forms Completion and Filing System for Ballot Access or file it with the Secretary of State by mail, hand delivery, email, or fax.

If this form was handwritten or typed, file with the Secretary of State by mail, hand delivery, email, or fax.

#### County and multi-county candidates:

File with the County Auditor in his or her county of residence.

### ASSISTANCE:

Questions regarding the Affidavit of Candidacy may be directed to the Elections Unit of the Secretary of State's office at (701) 328-4146 or (800) 352-0867 or the appropriate filing officer.