

Mail or fax to:

**Eileene Hulko
Chair - MAPE Elections Committee
3460 Lexington Ave N Ste 300
Shoreview, MN 55126**

fax: 1-651-227-5612

CANDIDATE'S AFFIRMATION OF INTENT TO COMPLY

I hereby affirm the following, as regards to my nomination for statewide office in the Minnesota Association of Professional Employees:

1. That I am willing to be placed in nomination for the office;
2. That I have read and understand the rules and procedures of MAPE as they apply to campaign and election matters; and
3. That I intend to comply with said rules and procedures, and to conduct my campaign in a way that is not detrimental to the welfare of MAPE.

Signature _____

Name (print or type) _____

Address _____

Phone number _____

Office nominated for _____