



# OFFICE OF THE MINNESOTA SECRETARY OF STATE

## 2020 CANDIDATE NAME PRONUNCIATION FORM

Candidate's Name (clearly print): \_\_\_\_\_

Office Filed For (clearly print): \_\_\_\_\_

Type of District (circle one):

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

District's Name (clearly print): \_\_\_\_\_

Candidate Name's Pronunciation:

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: \_\_\_\_\_