

Office of the Minnesota Secretary of State AFFIDAVIT OF CANDIDACY

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Instructions

White Copy - Filing Officer

Yellow Copy – CFPD Board

All information on this form is available to the public. Information provided will be published on the <u>Secretary of State's website</u>. 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) Lew Conne	er
Office Sought Two Harbors Mayor	District # N/A
For Partisan Office, Provide Political Party or Principle Non-Pa	
For Judicial Office, Provide Name of Incumbent	
Residence Address Do not complete if residence address is to be private and checkly judicial, county attorney, and county sheriff office candidates. Street Address 2020 20th Ave	box below is marked. All address and contact information is optional for federal,
City Two Harbors	State MN Zip Code 55616
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 by Minnesota law. I have attached a separate form listing my residence address.
Campaign Address and Contact Candidate Phone Number (Required) 319-651-6810	
Campaign Contact Address (Required for those who have checked Street Address 2020 20th Ave	ed the box above):
City Two Harbors	State MN Zip Code 55616
Website www.lew-conner.com	Email Iconner43@gmail.com
 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 If a major political party candidate, I either participated in the party's candidates at the next general election. If filing for one of the following offices, I also swear (or affirm) United States Senator – I will be an inhabitant of this state we not less than nine years on the next January 3rd, or if filled at the United States Representative – I will be an inhabitant of this States for not less than seven years on the next January 3rd, Governor or Lieutenant Governor – I will be at least 25 years less than one year on election day. I am filing jointly with 	e party's most recent precinct caucuses or intend to vote for a majority of that that I meet the requirements listed below: when elected and I will be at least 30 years old and a citizen of the United States for
 in Minnesota. My Minnesota attorney license number is State Senator or State Representative – I will be a resident of the general or special election. 	and a copy of my license is attached. of Minnesota not less than one year and of this district for six months on the day of My Board of Peace Officer Standards and Training license number is
• School Board Member - I have not been convicted of an offer	ense for which registration is required under Minn. Stat. 243.166.
County, Municipal, School District, or Special District Office Candidate Signature	ー I meet any other qualifications for that office prescribed by law Date <u>//// </u>
Subscribed and sworn to before me this 17 day of 1	ovember, 20 22.
Notary public or other officer empowered to take and certify ac	knowledgement CHONGITYISTANINARIA CRA

Pink Copy - Public Information

Goldenrod Co

My Commission Expires Jan. 31, 2024



Office of the Minnesota Secretary of State AFFIDAVIT OF CANDIDACY

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Instructions

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ndidate Name (as it will appear on the ballo	ot) KOBIN M	GLASER		
fice Sought MAYOR			District #	
r Partisan Office, Provide Political Party or F	Principle			
r Judicial Office, Provide Name of Incumber	nt.			
rsidence Address not complete if residence address is to be dicial, county attorney, and county sheriff o reet Address	ffice candidates.	ow is marked. All address and contact	information	is optional for federal,
y TWO HARBORS		State MN	Zip Code	55616
My residence address is to be classified (or my family's) safety, or my address is mpaign Address and Contact				
ndidate Phone Number (Required) 21	8-834-5250			
mpaign Contact Address (Required for thos	e who have checked the b	oox above):		
eet Address 202 3PD. A		BBIE ANDERSON		
Y TWO HARBORS			Zip Code	55616
			uni la	0 2416
	En	nail glaser. MAYOR 23 C	gmAIL.	Com
ebsite <u>ffirmation</u> r all offices, I swear (or affirm) that this is i	ny true name or the nam	nail glaser. Mayoras c	Ü	Com
ffirmation r all offices, I swear (or affirm) that this is a filling for a state or local office, I also swear I am eligible to vote in Minnesota; I have not filed for the same or any other of I am, or will be on assuming office, 21 year I will have maintained residence in this dist If a major political party candidate, I either party's candidates at the next general electing for one of the following offices, I also United States Senator – I will be an inhabit not less than nine years on the next Januar United States Representative – I will be ar States for not less than seven years on the Governor – I will be	my true name or the name (or affirm) that: office at the upcoming prints of age or more; crict for at least 30 days be participated in the party' tion. swear (or affirm) that I make the first state when electly 3rd, or if filled at special inhabitant of this state when the ext January 3rd, or if filled at least 25 years old on	glaser. Mayor 33 Command glaser. Mayor 33 Command glaser. Mayor 33 Command glass of the bywhich I am generally known in the mary or general election (except as prefere the general election; and as most recent precinct caucuses or interest the requirements listed below: except and I will be at least 30 years old I election, within 21 days after the election of the elected and I will be at least 25 year at special election, within 21 days are	the commun rovided in <i>M.</i> tend to vote d and a citize ection. vears old and after the elec	ity. S. 204B.06, subd. 1 (2)) for a majority of that on of the United States for a citizen of the United ction.
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powered to take and certify acknowledgement

Minnesota My Commission Expires Vistamol 31, 2027



Office of the Minnesota Secretary of State **AFFIDAVIT OF CANDIDACY**

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Cash/Chec	:k#
Amount \$	2,00

My Commission Expires
Jan 31, 2025

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 major party candidate, you must file both an affidavit of candidacy and a nominating petition. (Minn. Stat. 204B.03)

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Candidate Information Name and Office Candidate Name (as it will appear on the ballot) Office Sought District # 7620
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 City 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) 244 652 9546
Campaign Contact Address (Required for those who have checked the box above): Street Address City Website Factor Taylor Taylor
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 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 num
Subscribed and sworn to before the this
White Copy — Filing Officer Yellow Copy — CFPD Board Pink Copy — Public Information Golden of Copy — Adidate Minnesota 5/2015



Office of the Minnesota Secretary of State **AFFIDAVIT OF CANDIDACY**

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Candidate Information Name and Office	21000000000	
Name and Office Candidate Name (as it will appear on the ballot)	111/101/2011	
Office Sought Mayor	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 mark judicial, county attorney, and county sheriff office candidates.	ced. All address and contact information is optional for fed	deral,
Street Address Street Address City Two Harbors, J (MN)	State MW Zip Code 55666	2
My residence address is to be classified as private data. I certify a police re (or my family's) safety, or my address is otherwise private by Minnesota law	eport has been submitted or I have an order for protection w. I have attached a separate form listing my residence ac	n for my ddress.
Campaign Address and Contact Candidate Phone Number (Required) (218) 409. 3098		
Campaign Contact Address (Required for those who have checked the box above		m. record
Street Address		artic like
City	State Zip Code	
Website		
 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 get 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 get If a major political party candidate, I either participated in the party's most receptance at the next general election. 	general election; and	
 If filing for one of the following offices, I also swear (or affirm) that I meet the r United States Senator – I will be an inhabitant of this state when elected and not less than nine years on the next January 3rd, or if filled at special election, United States Representative – I will be an inhabitant of this state when elect States for not less than seven years on the next January 3rd, or if filled at special election of the first Normalism of this state when elect States for not less than seven years on the next January 3rd, or if filled at special less than one year on election day. I am filing jointly with Supreme Court Justice, Court of Appeals Judge, District Court Judge, or Count in Minnesota. My Minnesota attorney license number is State Senator or State Representative – I will be a resident of Minnesota not the general or special election. County Sheriff – I am a licensed peace officer in Minnesota. My Board of Peace and a copy of my license is attached. School Board Member – I have not been convicted of an offense for which reg 	I will be at least 30 years old and a citizen of the United Standship within 21 days after the election. The days after the e	Jnited for not ctice law
• County, Municipal, School District, or Special District Office I meet any other Candidate Signature	Date/2///2/27	ARA J WITTLIEF Notary Public Minnesota ommission Expires Jan 31, 2027

(Notary stamp)