Juristiction Avon Town ship



Office of the Minnesota Secretary of State AFFIDAVIT OF CANDIDACY

Filing #	1	٦.
Cash/Check#	200	Cash
Amount \$	2,00	

Instructions

and a starte fas it will appear on the	ne ballot) Kelly Martini			
Office Sought Treasurer	ne ballot) Kelly Martini			
Political Party or Principle (State or Federal offices only) Name of Incumbent (Judicial seats only)			District #	
REQUIRED Contact Information	1			
Federal, judicial, county attorney, and hone number 4939987		Check box if y	ou do not have an email address	
	Email (non-government issued) kell	y.martini2442@g	mail.com	
EQUIRED Residence Address Info	rmation	Hill State In the last		
I certify a police report has been	submitted, an order for protection has bee			
ty Avon		State MN	Zip Code 56310	
ampaign Contact Information (Ad	dress required if box above is checked; oth	erwise campaign and	100000000000000000000000000000000000000	
- Parking Coo	above is checked, oth	erwise campaign contact	information is optional)	
ty		State	Zip Code	
mpaign Website				
I am eligible to vote in Minnesota;				
I have not filed for the same or any of	ther office at the upcoming primary or gene	ral election except as au	thorized by Minn. Stat. 204B.06, subd	
lam or will be on accuming office 24				. 9;
office, 21	years or age or more;			. 9;
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Jurisdiction: Avon Townships



Office of the Minnesota Secretary of State AFFIDAVIT OF CANDIDACY

Filing #_	2
Cash/Che	ck #
Amount \$	2.00

partisan office and not a major party candidate, you must file both a Candidate Information	
Name, Office, and Party	T S - L- L -
Candidate Name (as it will appear on the ballot)	
Office Sought Sypervisor	District #
Political Party or Principle (State or Federal offices only)	
Name of Incumbent (Judicial seats only)	
REQUIRED Contact Information	
Federal, judicial, county attorney, and county sheriff candidates are	_
Phone number 320-356-1105 Email (non-government	it issued) trorteberg Dyahoo.com
REQUIRED Residence Address Information	
Federal, judicial, county attorney, and county sheriff candidates are	e exempt; candidates checking the box below are also exempt)
safety; or my address is otherwise private by Minnesota law.	tection has been issued, or I have a reasonable fear for my or my family's . I have attached a separate form listing my residence address.
esidence Address 36777 Gunty ROAD	155
ty Avon	State MN Zip Code 56310
ampaign Contact Information (Address required if box above i	is checked; otherwise campaign contact information is optional)
ampaign Address	
ty	State Zip Code
ampaign Website	
r all offices, I swear (or affirm) that this is my true name or the n filing for a state or local office, I also swear (or affirm) that: I am eligible to vote in Minnesota;	name by which I am generally known in the community. primary or general election except as authorized by Minn. Stat. 2048.06, subd. 9;
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Jurisdiction: Avon Township



Office of the Minnesota Secretary of State

Filing # 3	
Cash/Check#)
Amount \$ 2.00	

AFFIDAVII OF CA	NDIDACY Cash Check #_	2.00
Instructions All information on this form is a set to the	Amount \$	60.
All information on this form is available to the public. Information provided may be partisan office and not a major party candidate, you must file both an affidavit of	pe published on the Secretary of State's website 166	ilia - f
partisan office and not a major party candidate, you must file both an affidavit of Candidate Information	candidacy and a nominating petition. (Minn. Stat. 7	104B.03)
Name, Office, and Party		
Candidate Name (as it will appear on the ballot) Craig Blonigen		
Office Sought Supervisor		
Political Party or Principle (State or Federal offices only)	District #	
Name of Incumbent (Judicial seats only)		
REQUIRED Contact Information		
(Federal, judicial, county attorney, and county sheriff candidates are exempt)		
	Check box if you do not have an email a	address
REQUIRED Residence Address Information	Chlorigen 4176 outlook, con	
(Federal, judicial, county attorney, and county sheriff candidates are exempt; can	ndidates checking the box below are also exempt)	
My residence address is to be classified as private data. I certify a police report has been submitted, an order for protection has been submitted, and order for protection has been submitted.		
safety; or my address is otherwise private by Minnesota law. I have attac	hed a separate form listing my residence address	iy family's
Residence Address 18732 367+4 5+	, residence dudices.	
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Campaign Contact Information (Address required if box above is checked; of Campaign Address	therwise campaign contact information is option	al)
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for which r	egistration is required under Minn. Stat. 243.1	bb.
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Subscribed and sworn to before me this work and certify acknowledgement Notary public or other officer empowered to take and certify acknowledgement