

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

Filing#4	
Cash/Check # _C'as	٥٦
Amount \$ 3.0	)

### **Instructions**

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)

, , , , , , , , , , , , , , , , , , ,	and a nonninating	petition. (wiii)	n. 3tat. 2046.03)
Candidate Information Name and Office			
Candidate Name (as it will appear on the ballot) Tom Cohner			
Office Sought School Board		District #	191
For Partisan Office, Provide Political Party or Principle Democrafic			
For Judicial Office, Provide Name of Incumbent			
<b>Residence Address</b> Do not complete if residence address is to be private and checkbox below is marked. All add judicial, county attorney, and county sheriff office candidates.		formation is	optional for federal,
Street Address 330 East Burnsville Pkwy #316			
City Burnsville	State MN	Zip Code	55337
My residence address is to be classified as private data. I certify a police report has be (or my family's) safety, or my address is otherwise private by Minnesota law. I have at	een submitted or l tached a separate	have an orde form listing m	r for protection for my by residence address.
Campaign Address and Contact Candidate Phone Number (Required) 651-313-4665			
Campaign Contact Address (Required for those who have checked the box above):			
Street Address			
City	State	Zip Code	
Website Connertonie ymzil. com Email Conner	tom ey	mail	Com
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 general election 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.  If a major political party candidate, I either participated in the party's most recent precinc 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 requirement  United States Senator – I will be an inhabitant of this state when elected and I will be at least least than nine years on the next January 3rd, or if filled at special election, within 21 d  United States Representative – I will be an inhabitant of this state when elected and I will States for not less than seven years on the next January 3rd, or if filled at special election,  Governor or Lieutenant Governor – I will be at least 25 years old on the first Monday of the 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 in Minnesota. My Minnesota attorney license number is  State Senator or State Representative – I will be a resident of Minnesota not less than on the general or special election.  County Sheriff – I am a licensed peace officer in Minnesota. My Board of Peace Officer State and a copy of my license is attached.  School Board Member – I have not been convicted of an offense for which registration is a county, Municipal, School District, or Special District Office – I meet any other qualification.	tion; and t caucuses or intents listed below: east 30 years old an ays after the election in t	nd to vote for on, a citizen of on. rs old and a citizen the election d a resident conse is attache district for six ang license nur	a majority of that  the United States for stizen of the United n. If Minnesota for not sensed to practice law d. In months on the day of other is
Candidate Signature	20 30.	(m)	JAMI M KENNEY NOTARY PUBLIC - MINNESOTA
Notary public or other officer empowered to take and certify acknowledgement	***************************************	(1	NO CONNESSION EXPIRES 01/31/22

#### Office of the Minnesota Secretary of State

### **ELECTION CANDIDATE INFORMATION FORM (VOLUNTARY DISCLOSURE)**

#### Instructions

Federal and State candidates are invited to complete this form in whole or in part. Submit it through the filing officer or by sending it to the Secretary of State via email (elections.dept@state.mn.us) or mail:

180 State Office Building, 100 Rev. Dr. Martin Luther King, Jr. Blvd., St. Paul, MN 55155-1299

Information submitted on this form will be published on the Secretary of State's web site. The Office of the

Secretary of State does not edit the information submit	tted. Additiona	I sheets will not be	published.	
Candidate Information				
Candidate Name Toni Conner				
Office Sought School Board				
Political Party or Principle Democration				
Address 330 Er Burnsville Pkw;	x #316			
Preferred mailing address (if different)				
Telephone 651-313-4665	Fax			
E-Mail	Web site			
Occupation and Employer			Age	
Current Office Held		First Year Elected or Appointed		
Previous Elected or Appointed Public Offices				
Endorsements				
•				
Comments or Filing Statement (use this space only)				

I certify that the information provided on this form is true.

Candidate Signature Jone Connes

Date 8-5-2020

Revised 3/2014



# **OFFICE OF THE MINNESOTA SECRETARY OF STATE**

## **2020 CANDIDATE NAME PRONUNCIATION FORM**

Candidate's Name (clearly print): Toni Ghner		
Office Filed For (clearly print):		
Type of District (circle one):  Federal State Judicial County S&WCD City Township School District District	Park District	Other
District's Name (clearly print):	-	
Candidate Name's Pronunciation: Toe-nee  Conner		
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:	5	
	-3	