

Notary public or other officer empowered to take and certify acknowledgement

Office of the Minnesota Secretary of State AFFIDAVIT OF CANDIDACY

Filing # 8 Cash/Check # CA5#	
Amount \$ 50	

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 partisan office and not a major party candidate, you must file both an affidavit of candidacy and a nominating petition. (Minn. Stat. 204B.03)

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Name Office and Party	
Candidate Name (as it will appear on the ballot)	District #
Office Sought City Council	District
Political Party or Principle (State or Federal offices only)	
Name of Incumbent (Judicial seats only)	
Contact Information	Check box if you do not have an email address
Required (regeral, Judicial, County attorney, and county sherry) carranged as	
Phone number 507-951-3644 Email (non-government issued) Teschwa	ard 6 algmail. com
Address Information	I later was assembly
Residence Address Required (unless box is checked; federal, judicial, county attorney, and	county sheriff candidates are 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 issued, or safety; or my address is otherwise private by Minnesota law. I have attached a separate	or I have a reasonable fear for my or my family's te form listing my residence address.
Residence Address 5112 Castlewood Ln. NW	
City Rochester	State NN Zip Code 55401
Campaign Contact Information (Address required if box above is checked)	
Campaign Address 5112 Castlewood Ln. NW	
City Rochester	State N Zip Code 55 4 0 1
Campaign Website	
Affirmation	
For all offices, I swear (or affirm) that this is my true name or the name by which I am gen	erally known in the community.
If filing for a state or local office, I also swear (or affirm) that:	
I I'-ible to vote in Minnosota:	on except as authorized by Minn, Stat. 2048.06, subd. 9:
 I am eligible to vote in willinesota, I have not filed for the same or any other office at the upcoming primary or general elections. 	on except as authorized by William State 20 1215 5, same 5,
 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 electric description. 	ction; and
 If a major political party candidate, I either participated in the party's most recent precinc 	t 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 requiremen	nts listed below:
United States Senator – I will be an inhabitant of this state when elected and I will be at I	east 30 years old and a citizen of the officed states for
not less than nine years on the next January 3rd, or if filled at special election, within 21 of • United States Representative – I will be an inhabitant of this state when elected and I will be an inhabitant of this state.	Il be at least 25 years old and a citizen of the United
and the state of the state of the post lanuary 3rd or it 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 Attorne	\mathbf{v} – I am learned in the law and licensed to practice law
At the state of th	nd a copy of my license is attached.
a vivia of Annuals Judge, or District Court Judge - I will not turn 7	O years of age before the first Monday of next January.
 State Senator or State Representative – I will have maintained residence in Minnesota re 	ot less than one year and in 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 States 	tandards and Training license number is
and a copy of my license is attached.	
School Board Member – I have not been convicted of an offense for which registration is	s required under MigMatan Parks Samuelland
County, Municipal, School District, or Special District Office – I meet any other qualification.	Tions for that office Presents of WHRISTIAAN K CARTWRIGH
Candidate Signature Pelas Jesses Date_	5-22-24 My Comm, Exp. Jan. 31, 2021
Subscribed and sworn to before me this day of	, 20 <u>24</u> .
Chrotisan R. Cartungth	(Notary stamp)



Name Pronunciation Form

Submit at the time of filing.

Provided for assistive voting devices used in polling places.

Name:

Becca Dyer Tesch

Phonetic Pronunciation:

Beh-Ca Dye-ir Teah-Sh Tesh