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DECLARATION AND OATH OF CANDIDACY I	O BE FILED WITH SECRETAR	Y OF STATE OR CO	UNITY ELECTIC	IN ADMINISTRATOR AS AP	PLICABLE			
Filing for office of:	n the		District for a te	erm of years				
for seat number as a Nonpartisan Candidate for the Election to be held on May 5, 2020.								
Candidate Name (printed exactly as it shou	ld appear on the ballot):							
Mailing Address		City and State			Zip Code			
Residence Address		City and State			Zip Code			
County of Residence Contact	Phone Email Ac			Website Address				
		luless						
Please list any public offices you currently hold, whether they are elected or appointed: OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana. Signature of Candidate Date								
-			Dute					
NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of								
Signed and sworn to before me this	day of	, 20	by	Drinted Name of C				
Where to file for Gallatin County Precinct Committee offices: Gallatin County Election Department 311 W. Main Room 210 Bozeman MT 59715 A list of county election offices may be found at: sosmt.gov/elections	Sig	nature of Nota	Printed Name of C ary or Public Official Printed Name of Notar Notary Public for the S	y Public				
File this form with the Gallatin County Elections Department by 5 pm on February 10, 2020.	[SEAL/	STAMP]		Residing at:				