



Declaration for Nomination and Oath of Candidacy for the City of Red Lodge

FOR FILING OFFICE ONLY

Filed this _____ day of _____, 20____
 Document # _____
 Fee paid: cash check _____ credit
 By: _____
 Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Mayor - Red Lodge _____ OR Nonpartisan
 Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Bill Barnes

Mailing Address: PO BOX 487 City and State: Red Lodge MT Zip Code: 59068

Residence Address: 4 S. Platt City and State: Red Lodge Zip Code: 59068

County of Residence: Carbon Contact Phone: 406 426 0427 Email Address: billbarnes22@gmail Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

Candidate Filing Fee, if applicable, in the amount of \$ 48.00 is hereby submitted with this Declaration and Oath of Candidacy.

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]
 Signature of Candidate

4-20-23
 Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
 County of Carbon
 Signed and sworn to before me this 20th day of April, 2023 by Bill Barnes
 Printed Name of Candidate

Where to file for Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
 State Capitol, 2nd Floor, Room 260
 PO Box 202801
 Helena, MT 59620-2801
 Online: sos.mt.gov
 By Fax: 406-444-2023

Where to file for County, City and most Local District offices:

County Election Office
 A list of county election offices may be found at: sos.mt.gov/elections

[Signature]
 Signature of Notary or Public Official

 Printed Name of Notary Public

 Notary Public for the State of _____

 Residing at:

 My commission expires: _____, 20____



LORI LYNDE
CARBON COUNTY TREASURER

PO BOX 828
RED LODGE, MT. 59068

Cash Receipt: Printed 08:11:07 - 04/20/23
Operator: Jordan
Posted: 04/20/23

Batch: 25783
Transaction: 1

Received: 04/20/23 08:11:04 AM AP: 4/23

Description

Total

Reference #: BARNES FILING FEE
Name: Barnes Filing Fee

1000-341042	ELECTION FEES	48.00
Fund 1000	Acct 341042	

Check # 2561	48.00
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Cash Paid

Credit Paid

Less Change Given

TOTAL:	48.00
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