

A list of county election offices may be found at: <a href="mailto:sos.mt.gov/elections">sos.mt.gov/elections</a>

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

HING	Filed this 26 day of April 2027
	Document #
E E	Fee paid: ash heck 305 credit
표 유	By: MBORleen
	Deputy or Filing Officer

D. III	_	ОВу		
Red Lodge			Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRE	TARY OF STATE OR COL	INTY ELECTION ADMINI	STRATOR AS APPLICABLE	
Filling for			STATION AS ALVEICABLE	
office of: Cary Chouse			0 1 1	
Full name of office including district and/or departme	ent numbers if applicable	Name of	Political Party	OR   Nonpartisa
and the draw of department	applicable	iname of	Political Party	
Candidate Name (printed exactly as it should appear on the	a halloth	da Cou	0 1.1:0	
the state of the s	s ballot).	iga cou	gnine	
Mailing Address	Cit	v and State	9	
A		y and State		Zip Code
(P.O. Box. 137		SOLIET MOR	TOVA	89091
Residence Address			,,,,,	0 7097
Nesidence Address	Cit	y and State		Zip Code
209 IND STREET FOUT		Lucy Mr.	UTOWA	
The state of the s		JULIET TICK	11000	59041
County of Residence Contact Phone	Email Address		Website Address	
Man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
CARSON 406-850-1915	_ Kun Cowal	UN 80 CYAN		
IF THE DECLARATION IS FOR THE OFFICE OF COLUMN			W	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST	COMPLETE THE FOLLO	WING INFORMATION:		
Lieutenant Governor Name (printed exactly as it should appe				
eleateriante dovernor Name (printed exactly as it should appe	ear on the ballot): [_			
Mailing Address:				
ividiling Address.	Res	sidence Address:		
Phonos				
Phone: Email Address:			Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST S	ELECT ONE OF THE FOLL	OWING:		
(a) I hereby affirm that I am either a resident of the coun	ity in which I am a car	ndidate, if it contains	one or more legislative districts,	or of the
legislative district if it contains all or parts of more tha	ın one county, <b>OR</b>		•	•
(b) I hereby affirm that I will meet the residency qualification of the Secretary of State in writing when I will be a secretary of State in writing when I will be a	ation(s) in (a)ahove fo	r E months proceding	***	
of the Secretary of State in writing when I qualify or if	ition(s) in (a)above jo.	i o monais preceaing	the general election and will no	tify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	r do not quanjy.			
TIEMO FEE - FEE MOST BE PAID BEFORE FILING IS VALID:	- 7 9			
Candidate Filing Fee, if applicable, in the amount of \$	<i>\$.30, ∞</i> is	hereby submitted w	vith this Declaration and Oath of	Compliate and
				Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE O	F A NOTARY PUBLIC OR	AN OFFICER OF THE O	FFICE WHERE THIS FORM IS FILED:	
I hereby affirm that I possess, or will possess within constitu	tional and statutory	deadlines, the qualif	fications prescribed by the Cons	titution and laws of
the United States and the State of Montana.				
D. (1 0)		111		
The angle		_ 9/2	4/2023	
Signature of Candidate		Date		
NOTARY PUBLIC OR AUTHORIZED OFFICER				
State of Montana				
County of Carlon		19		<b>K</b>
Signed and sworn to before me thisday of	00	20 23 by	IN IN CAUCALLA	
day of	7101		ted Name of Candidate	
Where to file for Federal, Statewide,		Prin	tea Name of Candidate	
State District and Legislative offices:			Och dos O	
Montana Secretary of State			Ulthatele	
State Capitol, 2 <sup>nd</sup> Floor, Room 260		Signature of Not	ary or Public Official	
PO Box 202801			Λ	^
			Dintor nelson-	Loechtere
Helena, MT 59620-2801			Printed Name of Notary Pub	lic
Online: sos.mt.gov	200		•	
By Fax: 406-444-2023	AMBER C. N	ELSON-FOECHTERLE	Notary Public for the State o	f MH
Where to file for County, City and		PUBLIC for the	1	
most Local District offices:		of Montana	Residing at:	int
County Election Office		at Joliet, Montana mission Expires		

My Commission Expires August 01, 2023

My commission expires: 81, 20 23

## **LORI LYNDE CARBON COUNTY TREASURER**

PO BOX 828 RED LODGE, MT. 59068

Cash Receipt: Operator:

Printed 16:02:34 - 04/26/23

Lori

Posted: 04/26/23

Batch:

25796

Transaction:

10

Receipted:

04/26/23 04:02:34 PM

AP: 4/23

Description

Total

30.00

Reference #:

Name:

COUGHLIN RL CITY COU Coughlin Rl City Counsel Filing

1000-341042 ELECTION FEES

Fund 1000

Acct 341042

Check # 3058

30.00

Cash Paid **Credit Paid** 

**Less Change Given** 

TOTAL:

30.00

