

## **Declaration for Nomination and**

FILING	Filed thisday of
	Document #
FOR P	Fee paid: cash check credit
F 9	Ву:
	Deputy or Filing Officer

Oath of Cand	idacy	FOR	Fee paid: cash By:	check	Credit
DECLARATION AND DATH OF CANDIDACY TO DE	CUED WITH CEODETARY OF CTATE O		Deputy or Filing		
DECLARATION AND OATH OF CANDIDACY TO BE	FILED WITH SECRETARY OF STATE OF	R COUNTY ELECTION ADA	/INISTRATOR AS APPLI	CABLE	
office of: Joliet City	Council				OR Nonpartisa
Full name of office including district	t and/or department numbers if app	olicable Nam	e of Political Party		
Candidate Name (printed exactly as it shou	ld appear on the ballot):	onnie.	1. Gro	V	
Mailing Address		City and State		7	Zip Code
PO 60× 102	Jolie-	+ Words	una	1 R9041	
Residence Address	City and State		-(1) -(1)	Zip Code	
III West Carb	on Ave.	Joliet	Monte	ina	59041
County of Residence Contac	ct Phone Email Add	dress	Websi	ite Address	
Carpon 401	-530-4334 by	my 5058 c	ocethou		
IF THIS DECLARATION IS FOR THE OFFICE OF GOVI	ERNOR. YOU MUST COMPLETE THE	FOLLOWING INFORMATION	W. CO	<b>A</b>	
			oly.		
Lieutenant Governor Name (printed exactly	as it should appear on the ballot	i): [			
Mailing Address:		Residence Address:			
Phone: Email A	ddress:		Website Addre	255.	
IF THIS DECLARATION IS FOR THE STATE LEGISLAT	URE, YOU MUST SELECT ONE OF TH	E FOLLOWING:		.55,	
(a) I hereby affirm that I am either a resilegislative district if it contains all or p	ident of the county in which I am parts of more than one county, <b>C</b>	a candidate, if it cont OR	ains one or more leg	islative districts,	or of the
(b) I hereby affirm that I will meet the re of the Secretary of State in writing wh	sidency qualification(s) in (a)abo	ove for 6 months prece	ding the general elec	ction and will no	tify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS					
Candidate Filing Fee, if applicable, in the	amount of \$ 30, 40	is hereby submitte	ed with this Declarat	ion and Oath of	Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN	THE PRESENCE OF A NOTARY PUB	LIC OR AN OFFICER OF TH	IE OFFICE WHERE THIS	FORM IS FILED:	
I hereby affirm that I possess, or will possess the United States and the State of Montana	s within constitutional and state	utory deadlines, the qu	ualifications prescrib	ed by the Const	titution and laws of
Donnie o &	1000	$\approx$	-10 A	MAZ	
Signature of Candidate	201ay	Date	18-01	7970	
NOTARY PUBLIC OR AUTHORIZED OFFICER					
	State of Montana				
	5	^_			
Where to file Federal, Statewide, State District and Legislative offices:	County of Carbo				_
Montana Secretary of State	Signed and sworn to befo	re me this	day of	4	,20 <u>23</u> by
P.O. Box 202801 State Capitol Building, 1301 E. 6 <sup>th</sup> Ave				0	
2 <sup>nd</sup> Floor, Room 260		_	Panin	· C	
Helena, MT 59620	I SOM		1 20140	4 ()/6	

Online: sosmt.gov/elections/filing/ Fax: 406-444-2023

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

**County Election Office** A list of county election offices may be

found at: sosmt.gov/elections

AMBER C. NELSON-FOECHTERL Printed Name of Candidate
NOTARY PUBLIC for the
State of Montana

Residing at Joliet, Montana My Commission Expires
August 01, 2023

S gnature of No ary or Public Official

## **LORI LYNDE CARBON COUNTY TREASURER**

**PO BOX 828** RED LODGE, MT. 59068

Cash Receipt:

Printed 10:56:21 - 05/25/23

Operator: Posted:

Leah 05/25/23

Batch:

25881 7

**Transaction:** 

Receipted:

05/25/23 10:56:20 AM

AP: 5/23

Total

**Description** 

Reference #: Name:

ELECTION FILING BONN Election Filing Bonnie Gray

1000-341042 ELECTION FEES

Fund 1000 Acct 341042 30.00

Check #

**Cash Paid** 

**Credit Paid** 

**Less Change Given** 

**TOTAL:** 

30.00

30.00