

FOR FILMG	OFFICE ONLY	Filed this day of20
		Document #
		Fee paid: cash check credit
		By:
		Deputy or Filing Officer

Declaration for I	Nomination and	Do	cument #	2/14/25	
Oath of Candida	cy for the Towr	T THE WOOD PO	e paid: 🔲 cash 🔲 check	Credit	
Of Joliet			Deputy or Filing Officer		
DECLARATION AND OATH OF CANDIDACY TO BE FILED	WITH SECRETARY OF STATE OF	R COUNTY ELECTION ADMINI	STRATOR AS APPLICABLE		
office of: Mayor of Joliet Full name of office including district and	or department numbers if app	olicable Name of	Political Party	OR Nonpartisa	
Candidate Name (printed exactly as it should ap	pear on the ballot):	nota Zacharia	h Mitchen		
Mailing Address		City and State Zip Code			
P.O. Box 342		Joliet n	59041		
Residence Address		City and State Zip Code			
314 S Second St		Jolief M	ontana	59041	
County of Residence Contact Pho	one Email Add		Website Address		
Carbon 406 42	260268 dake	tam: tchemlegn			
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNO	R, YOU MUST COMPLETE THE I	FOLLOWING INFORMATION:			
Lieutenant Governor Name (printed exactly as it :	should appear on the ballot	c):			
Mailing Address:		Residence Address:			
Phone: Email Addres	ss:		Website Address:		
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE,	YOU MUST SELECT ONE OF TH	E FOLLOWING:	Q186		
(a) I hereby affirm that I am either a resident legislative district if it contains all or parts	of the county in which I am of more than one county, C	a candidate, if it contains	one or more legislative distri	cts, or of the	
(b) I hereby affirm that I will meet the residen	cy qualification(s) in (a)abo	ove for 6 months preceding	the general election and wil	I notify the office	
of the Secretary of State in writing when I of FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID	qualify or if I do not qualify.	Direction of the			
Candidate Filing Fee, if applicable, in the amou	ļ	is hereby submitted w	rith this Declaration and Oath	of Candidacy	
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE	PRESENCE OF A NOTARY PUBL	JC OR AN OFFICER OF THE O	FFICE WHERE THIS ECOM IS SHE	D.	
I hereby affirm that I possess, or will possess with the United States and the State of Montana.	nin constitutional and statu	itory deadlines, the qualif	ications prescribed by the Co	onstitution and laws of	
11 (2 61-11.			. /.		
Signature of Candidate			12023		
NOTARY PUBLIC OR AUTHORIZED OFFICER		hiller Ellin A. A.			
State of Montana County of	(a) I				
	ay of April	20_2023 by [Dakota Z. N	ritchen	
Where to file for Federal, Statewide,		Prin	ted Name of Candidate		
State District and Legislative offices: Montana Secretary of State		- Cl Colotte			
State Capitol, 2 nd Floor, Room 260		Signature of Notary or Public Official			
PO Box 202801 Helena, MT 59620-2801			anker Nelson	n-Foechtere	
Online: <u>sos.mt.gov</u> By Fax: 406-444-2023			Printed Name of Notary I	100	
Where to file for County, City and	NELSON-ALADE	R C. NELSON-FOECHTERLE	Notary Public for the Stat		
most Local District offices:		TARY PUBLIC for the	Residing at:	21	
County Election Office A list of county election offices may	SEAL Resid	State of Montana ding at Joliet, Montana Commission Expires	My commission expires:	8.1,20 23	
he found at sec mt any Intertions	My	Commission Expires	-	***************************************	

August 01, 2023

LORI LYNDE CARBON COUNTY TREASURER

PO BOX 828 RED LODGE, MT. 59068

Cash Receipt:

Printed 12:45:38 - 04/20/23

Operator: Posted:

Leah 04/20/23

Batch:

25782

Transaction:

Receipted:

04/20/23 12:45:38 PM

AP: 4/23

Description

Total

Reference #:

DAKOTA MITCHEM MAYOR

Name:

Dakota Mitchem Mayor Filing Fee

1000-341042 ELECTION FEES

Fund 1000

Acct 341042

30.00

Check #

Cash Paid

Credit Paid

Less Change Given

TOTAL:

30.00

30.00