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Declaration for Nomination and

ILING	Filed this 8th day of Anuar	u_2024
	Document #	8 -
N F	Fee paid: cash check	Credit
E P	Ву:	
	Deputy or Filing Officer	

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District		~ □	By: Deputy or Filing Officer	
DECLARATION AND OAT	TH OF CANDIDACY TO BE FILED WITH SECRE	TARY OF STATE OR COUN		AS APPLICABLE
Filing for R	1. 4 9 1 1			
office of: The Full name of office including di	strict and/or department numbers if applica	able Name	of Political Party	OR Nonpartisan
Candidate Name (printed exactly as i	t should appear on the ballot): 🛚 🤾 ১	bert Johns	on .	
Mailing Address		City and State		Zip Code
16 Teeples Runch	lare	Bridger	mt	59014
Residence Address		City and State		Zip Code
Same				
County of Residence	Contact Phone Email Add	dress	Website Addre	ess
Carbon	406-425-3884 redle	age barber @	amoid, con	
I hereby affirm I am a registered vindividuals under the age of 18 at	oter in the State of Montana or will be the candidate filing deadline who will t	by the candidate filing	deadline. (Does not apply to	o Federal candidates or
	F GOVERNOR, YOU MUST COMPLETE THE F			
Lieutenant Governor Name (printed e	xactly as it should appear on the ballot	t):		
Mailing Address:		Residence Address:		
Phone: E	mail Address:		Website Address:	
IF THIS DECLARATION IS FOR THE STATE LE	GISLATURE, YOU MUST SELECT ONE OF TH	E FOLLOWING:		
(a) I hereby affirm I am either a relegislative district if it contains	sident of the county in which I am a ca all or parts of more than one county, C	ndidate, if it contains	one or more legislative distric	ts, or of the
(b) I hereby affirm I will meet the of the Secretary of State in write	residency qualification(s) in (a)above fo ing when I qualify or if I do not qualify.	or 6 months preceding	the general election and will	notify the office
FILING FEE - FEE MUST BE PAID BEFORE FIL	ING IS VALID:			
Candidate Filing Fee, if applicable,	in the amount of \$ NO FEE	is hereby submitte	ed with this Declaration and C	Dath of Candidacy.
AUDIO GUIDE – PRONUNCIATION OF BALLO	OT NAME FOR VOTER INTERFACE DEVICES			
Contact me about my name pronu	nciation. If not checked, generic phone	etic pronunciation aud	io will be used for voting equi	pment for disabled voters.
OATH OF CANDIDACY - CANDIDATE MUST	SIGN IN THE PRESENCE OF A NOTARY PUB	LIC OR AN OFFICER OF TH	HE OFFICE WHERE THIS FORM IS	FILED:
I hereby affirm I possess, or will posse United States and the State of Monta	55 within constitutional and statutory na.	deadlines, the qualifi	cations prescribed by the Cor	nstitution and laws of the
Bil-		1.	10011	
Signature of Candidate			18-24	
NOTARY PUBLIC OR AUTHORIZED OFFICER		Dute		
Where to file Federal, Statewide,	7			
State District and Legislative offices:	State of Montana County ofCourly of			
Montana Secretary of State		with		
P.O. Box 202801	Signed and sworn to befo	re me this 18	day of January	20 <u>24</u> by
State Capitol Building 1301 E. 6 th Ave, 2 nd Floor, Room 260)	3
Helena, MT 59620	30.3		21	_
Online: sosmt.gov/elections/filing/ Fax: 406-444-2023	OF LECTION	Prin	ted Name of Candidate	NS01)
Where to file County, City and most	* * * * * * * * * * * * * * * * * * *	C /		
Local District offices:	5		achleri	e()
County Election Office A list of county election offices may be	TAICHST TO AND	Sign	nature of Notary or Public Offi	cia