



# Declaration for Nomination and Oath of Candidacy

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: Roberto Water and Sewer  \_\_\_\_\_ 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): Peter R Wisniewski

Mailing Address: 101 Carbon Ave City and State: Roberts Zip Code: 59070

Residence Address: SAA City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: Carbon Contact Phone: 425-2808 Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

I hereby affirm I am a registered voter in the State of Montana or will be by the candidate filing deadline. (Does not apply to Federal candidates or individuals under the age of 18 at the candidate filing deadline who will turn 18 by the election.)

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 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 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 \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

AUDIO GUIDE - PRONUNCIATION OF BALLOT NAME FOR VOTER INTERFACE DEVICES

Contact me about my name pronunciation. If not checked, generic phonetic pronunciation audio will be used for voting equipment for disabled voters.

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 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 12-04-2023 Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

Where to file Federal, Statewide, State District and Legislative offices:  
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building  
1301 E. 6th Ave, 2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://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](http://sosmt.gov/elections)

State of Montana  
County of Carbon  
Signed and sworn to before me this 24 day of January, 2024 by

Peter Wisniewski Printed Name of Candidate  
[Signature] Signature of Notary or Public Official  
ANGELA NEWELL  
NOTARY PUBLIC for the State of Montana  
Residing at \_\_\_\_\_  
Red Lodge, Montana  
My Commission Expires \_\_\_\_\_  
SEAL/STAMP