

FOR FILING OFFICE ONLY	Filed this day of	, 20
	Document # Fee paid:	□ credit
	By: Deputy or Filing Officer	

Declaration for	r Nomination and		O Document #_		
Oath of Candid	lacy		Fee paid:	cash	credit
			Deputy or	Filing Officer	
Cities for Control	ANDIDACY TO BE FILED WITH SECR	RETARY OF STATE OR	COUNTY ELECTION A	DMINISTRATOR AS A	PPLICABLE
office of: Fire District * 9	Board Momber				OR Nonpartisan
Full name of office including district an	d/or department numbers if appli	icable	Name of Political Part	У	
Candidate Name (printed exactly as it should	d appear on the ballot):	Roger St	effan		
Mailing Address		City and State			Zip Code
396 N Silvertip Ro	Bridg	er MT	59014		
Residence Address		City and State	=		Zip Code
Same as mailing					
County of Residence Contac	t Phone Email Ac	ddress		Website Address	
Caroon 406	.670.6233 rste	elfan 59014 p	a gmil com		
I hereby affirm I am a registered voter in individuals under the age of 18 at the car	the State of Montana or will b ndidate filing deadline who wil	be by the candidate	e filing deadline. (Dection.)	oes not apply to Fe	ederal candidates or
IF THIS DECLARATION IS FOR THE OFFICE OF GOVE	RNOR, YOU MUST COMPLETE THE	E FOLLOWING INFOR	MATION:	Mantager 1	
Lieutenant Governor Name (printed exactly	as it should appear on the ball	ot):			
Mailing Address:		Residence Add	dress:		
Phone: Email A	ddress:		Website	Address;	
IF THIS DECLARATION IS FOR THE STATE LEGISLAT	URE, YOU MUST SELECT ONE OF T	THE FOLLOWING:	WELL STATES		and the second second
 (a) I hereby affirm I am either a resident legislative district if it contains all or p (b) I hereby affirm I will meet the resider of the Secretary of State in writing when FILING FEE − FEE MUST BE PAID BEFORE FILING IS 	parts of more than one county, ncy qualification(s) in (a)above nen I qualify or if I do not qualif	OR for 6 months prec			-
Candidate Filing Fee, if applicable, in the			bmitted with this D	eclaration and Oat	h of Candidacy.
AUDIO GUIDE - PRONUNCIATION OF BALLOT NAM				BI WELL BOOK	
Contact me about my name pronunciatio	n. If not checked, generic pho	netic pronunciation	n audio will be used	for voting equipm	ent for disabled voters.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN I hereby affirm I possess, or will possess with	THE PRESENCE OF A NOTARY PU	IBLIC OR AN OFFICER ry deadlines, the q	OF THE OFFICE WHE	RE THIS FORM IS FILE	ED:
United States and the State of Montana.					-
Kope I st	•		1-31-20	124 Ca	rbon County Elections
Signature of Candidate			Date		FID 0.5 2024
NOTARY PUBLIC OR AUTHORIZED OFFICER					the state of the
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building 1301 E. 6 th Ave, 2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filling/ Fax: 406-444-2023	Signed and sworn to be to the state of the s	SM/EET BLIC for the Montana dger, Montana Man Expires	Boger Printed Name of C	Inuary Steffa	20 <u></u> by
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	[SEAL/STAN		Signature of Note	y or Public Officia	et.