

ح ک	Filed this day of	20
FOR FILIN	Document # check By:	credit
	Deputy or Filing Officer	

Declaration for I	Nomination and	E O Doo	ument #	
Oath of Candida	су	ら 出	paid: cash check	credit
**	•	О, ву.	Deputy or Filing Officer	
	DIDACY TO BE FILED WITH SECRETA	RY OF STATE OR COUNTY E	LECTION ADMINISTRATOR AS A	APPLICABLE
office of: Five OS trict #1 5	oliet Board Med		Patricia D	OR 🗵 Nonpartisan
Candidate Name (printed exactly as it should a			olitical Party	
Mailing Address	appear on the ballot).	Serald N	1. Suko	
88 cole creek Ro	pad	City and State Joliet	Mti	Zip Code 59041
Residence Address		City and State		Zip Code
88 cole creek K	oad	Joliet,	Mt.	59041
County of Residence Contact P	hone Email Addre	ess	Website Address	
Carbon 406-	962-3084			
I hereby affirm I am a registered voter in the individuals under the age of 18 at the candid	e State of Montana or will be by date filing deadline who will tur	y the candidate filing de rn 18 by the election.)	adline. (Does not apply to F	ederal candidates or
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERN		•	vzestyja, zesto	as simple years
Lieutenant Governor Name (printed exactly as i	t should appear on the ballot):			
Mailing Address:		Residence Address:		
Phone: Email Addr			Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE	E, YOU MUST SELECT ONE OF THE F	OLLOWING:		
 (a) I hereby affirm I am either a resident of legislative district if it contains all or part (b) I hereby affirm I will meet the residency of the Secretary of State in writing when 	ts of more than one county, OR qualification(s) in (a)above for			
FILING FEE - FEE MUST BE PAID BEFORE FILING IS VAL	JD:			
Candidate Filing Fee, if applicable, in the am	ount of \$	is hereby submitted w	vith this Declaration and Oat	h of Candidacy
AUDIO GUIDE - PRONUNCIATION OF BALLOT NAME F	OR VOTER INTERFACE DEVICES		22 (42) (11) (2) (2)	Marsalanassassassassassassassassassassassassas
Contact me about my name pronunciation.	If not checked, generic phonetic	c pronunciation audio w	ill be used for voting equipm	ent for disabled voters.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN TH	E PRESENCE OF A NOTARY PUBLIC	OR AN OFFICER OF THE O	FICE WHERE THIS FORM IS FILE	ED-T-10-MEGROWIE STORY
I hereby affirm I possess, or will possess within	constitutional and statutory de	eadlines, the qualificati	ons prescribed by the Consti	itution and laws of the
United States and the State of Montana.			1	Carbon County Electio
Slaw my July			14/23	FT2 4 2 0031
Signature of Candidate NOTARY PUBLIC OR AUTHORIZED OFFICER		Date	AND THE PERSON NAMED IN COLUMN	1 1 1 in 2 24
THE PARTY OF THE P				
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801	State of Montana County of 1000000		_	
State Capitol Building 1301 E. 6th Ave, 2nd Floor, Room 260	signed and sworn to before ANNETTE SA NOTARY PUBLIC State of Monte	for the	of Hecember	20 <u>23</u> by
Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023	Residing at Billings, My Commission	Montana Expires	rald m. 5	uto
Where to file County, City and most Local District offices:	100		analt So	ي و
County Election Office A list of county election offices may be found at: sosmt.gov/elections	[SEAL/STAMP	Signatu	re of Notary or Public Officia	1

Revised August 1, 2023