

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk of School District No. 5, CARBON County, State of Montana:

Filing for the office of School District Trustee: For a 3-year term at the Annual Regular School District Election to be held on the 7th day of May, 2024

Candidate Name (Print, as it should appear on the ballot):

Amy Bailey

Mailing address: 98 Stormill Butte Rd

City and State: Roberts MT Zip Code: 59070

Residence address: same

City and State: _____ Zip Code: _____

Contact Phone: 720-296-4981 Email Address: abailey@BKRHSSTOR.com

I hereby affirm that I possess, or will possess, within the constitutional and statutory deadlines, the qualifications prescribed by the Constitution and law of the United States and the State of Montana.

DATED this 4th day of March, 2024

[Signature]
(Signature of Candidate)

Candidate must sign and acknowledge this Declaration of Intent before a Notary Public, if mailed, or before the Election Administrator or Deputy, if delivered in person.

State of Montana, County of Carbon

Signed and sworn to before me this 4 day of March, 2024, by Amy M Bailey
Printed Name of Candidate

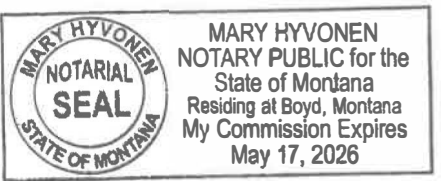
[Signature]
Signature of Notary or Public Official

MARY Hyvonen
Printed name of Notary or Public Official

Notary Public for the State of Montana (include stamp/seal)

Residing at: Boyd MT 59013

My Commission Expires: May 17, 2026



DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

This Declaration of Intent for a trustee position must be submitted to the school district clerk no later than 40 days before the election. **20-3-305, MCA**

Pursuant to **13-37-206, MCA**, all candidates for trustee positions in first-class districts located in counties with populations of 15,000 or more OR in county high school districts having student enrollments of 2,000 or more must report their campaign finance activities to the Montana Commissioner of Political Practices. Current forms are available at: [Link to the MT Political Practices webpage](#)

Candidate Name (Print): Amy Bailey

Please return this form to:

District Clerk: _____
District: _____
Address: _____ City, State, Zip _____
Fax: _____ Email: _____