

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):

Maniah Holdbrook

Mailing address: 448 Elbow Creek Rd

City and State: Roberts, MT Zip Code: 59070

Residence address: Same

City and State: _____ Zip Code: _____

Contact Phone: (406)671-2323 Email Address: mholdbrook@gmail.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 13 day of March, 2024

Maniah Holdbrook

(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 13th day of MARCH, 2024, by MANIAH HOLDBROOK
Printed Name of Candidate

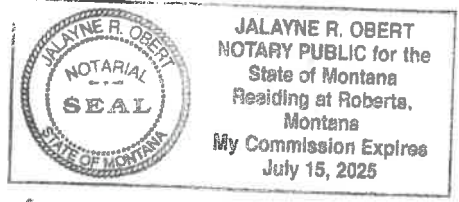
Jalayne R. Obert
Signature of Notary or Public Official

Jalayne R. Obert
Printed name of Notary or Public Official

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

Residing at: Roberts

My Commission Expires: July 15, 2025



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Candidate Name (Print): Maniah Holdbrook

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](#)

Please return this form to:

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