

Declaration for Nomination

For Office U	se Only
Date Filed:	
Fee Amount:	
Fee Paid: Cash Check	Credit
Document #:	
Received By:	

and	a Oath of Candidacy	Fee Paid: Cash Check Credit	
The state of the s		Document #:	
		Received By:	
SECTION 1: CANDIDATE INFORMATION	N		
Candidate First Name: All Color	Candidate Last Nam	Managed	
Candidate First Name. 14 W W C	Candidate Last Nam	e: Nan Man	
Filing for Office of:	Council, Wa	rd 5	
Full name of office	including district and/or department numbers	s, if applicable	
Democratic Party Libert	tarian Party Republican Party	Green Party Monpartisan	
	r Party:		
	Name of Minor Party		
	•		
P. O. BOX 1217 Mailing Address	City Red Lodge City 8436026938 Phone	MT 59068	
Mailing Address	City	State Zip Code	
Residential Address	es Red Lodge	MT 59068 State Zip Code	
(ar 6 cm	QLI3 (D.3 (D.3 A	State Zip Code	
County of Residence	Phone Fmo	ax 094 magnail.com	
SECTION 2: BALLOT INFORMATION	Em Em	website	
	ould appear on the ballot): Maxw	ell Maynard	
	nciation (if not checked, generic phonetic pronu	inciation will be used for accessible voting equipment)	
SECTION 3: AFFIRMATIONS			
I 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 individ	luals under the age of 18 at the candidate f	filing deadline who will turn 18 by the election)	
If filing for the State Legislature (select on			
I 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			
I 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.			
Eac Daymont/Statement of Indicancy (call	and amale		
I affirm I have included the applicable nonrefundable fee with this form. OR I affirm I am unable to pay the filing fee set by law for the office for which I am filing, and request that my name be placed			
i ujjirm i am <u>unable to pay</u> tr	ne filing fee set by law for the office for which tition process without payment of the statu	n I am filing, and request that my name be placed	
bection 4: UAIR OF CANDIDACY (Candio	nate must sign in the presence of a Notary Public	or an Officer of the office where this form is filed.)	
and laws of the United States and the Stat	าเกเก constitutional and statutory deadlines, se of Montana.	, the qualifications prescribed by the Constitution	
May M		02/00/0	
Signature of Candidate		<u>03/08/2024</u> Date	
7/	Notary Public or Author		
V	State of Montana		
	County of Carloo	Ω	
	Signed and sworn before	e me this 8th day of march, 20 27	
	By <u>Maxwell</u> Printed Name of Candida	maynard	
IS:	eal/Stamp)	lystipo 0	
		Signature of Notary or Public Official	

Submit the completed form and applicable fees for Federal, Statewide, State District, and Legislative Offices to: Montana Secretary of State · PO Box 202801 · Helena, Montana 59620-2801 or Submit the completed form and applicable fees for County, City, and most Local District Offices to: Local County Elections Office (list of Offices found at sosmt.gov/elections)

LORI LYNDE CARBON COUNTY TREASURER

PO BOX 828 RED LODGE, MT. 59068

Cash Receipt:

Printed 11:15:16 - 03/08/24 Leah

Operator:

Posted: 03/08/24

Batch:

26579

Transaction:

4

Receipted:

03/08/24 11:15:15 AM

AP: 3/24

Description

Total

Reference #: Name:

MAYNARD MAXWELL FILI Maynard Maxwell Filing Fee

1000-341042 ELECTION FEES

Fund 1000

Acct 341042

15.00

Check #

Cash Paid

Credit Paid

Less Change Given

TOTAL:

15.00

15.00