



Declaration for Nomination and Oath of Candidacy

For Office Use Only

Date Filed: 3-8-2024
 Fee Amount: _____
 Fee Paid: Cash Check Credit
 Document #: _____
 Received By: CR

SECTION 1: CANDIDATE INFORMATION

Candidate First Name: LaRue Candidate Last Name: Schara

Filing for Office of: Precinct 2 Committee woman
Full name of office including district and/or department numbers, if applicable

- Democratic Party Libertarian Party Republican Party Green Party Nonpartisan
 Independent Minor Party: _____
Name of Minor Party

113 N. Main St Joliet MT 59041
Mailing Address City State Zip Code

Same _____ _____ _____
Residential Address City State Zip Code

Carbon 406.780.0519 _____ _____
County of Residence Phone Email Website

SECTION 2: BALLOT INFORMATION

Candidate Name (printed exactly as it should appear on the ballot): LaRue Schara

- Contact me about my name pronunciation (if not checked, generic phonetic pronunciation will be used for accessible voting equipment)

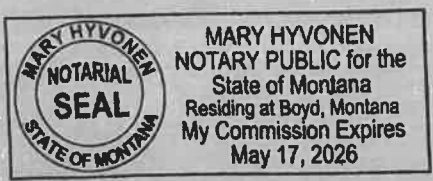
SECTION 3: AFFIRMATIONS

- 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 individuals under the age of 18 at the candidate filing deadline who will turn 18 by the election)

- If filing for the State Legislature (select one):
- 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.
- Fee Payment/Statement of Indigency (select one):
- 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 on the ballot through the Petition process without payment of the statutory fee.

Section 4: OATH OF CANDIDACY (Candidate must sign in the presence of a Notary Public or an Officer of the office where this form is filed.)
 I hereby affirm I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

LaRue Schara _____ 3-5-24
 Signature of Candidate _____ Date



Notary Public or Authorized Officer
 State of Montana
 County of Carbon
 Signed and sworn before me this 5 day of MARCH, 2024
 By LaRue Schara
Printed Name of Candidate
Mary Hyvonen
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)