

## **Declaration for Nomination**

	For Office Use Only
Date Filed:	
Fee Amount:	
Fee Paid: 🔲 (	Cash Check Credit
Document #:	
Received By:	

	and Oath of C	andidacy	Fee Paid: Cash Chec Document #:	k Credit
			Received By:	
SECTION 1: CANDIDATE IN	FORMATION			
Candidate First Name:	RMA	Candidate Last Na	me: Sha 1+2	
Filing for Office of:	me of office including district	siouru	#-3	
Democratic Party		_		
Independent	Libertarian Party Minor Party:	Republican Party	Green Party	Nonpartisan
		f Minor Party		
10.13 ox 38	` <i>\</i>	Coscoc	MT	59071
Mailing Address 24 Fast La	-1.1.01	City	State	Zip Code
Residential Address	sepul ria	City	State	Zip Code
County of Residence	mty 4064	25-3625	rorma-shul	2 Qualino Co.
SECTION 2: BALLOT INFORM	AATION	En	nail	Website
Candidate Name (printed exact		he hallot): Alacon	J. Shulta	
SECTION 3: AFFIRMATIONS	name pronunciation (if not ch	ecked, generic phonetic pror	nunciation will be used for acce	ssible voting equipment)
	aistered voter in the State (	of Montana or will be by th	ne candidate filing deadline.	10
reaerai canaiaat	es or inaiviauais unaer the i	age of 18 at the candidate	ie cundidate jiing deadline. filing deadline who will turr	(Does not apply to
in ming for the State Legislatur	e (seiect one):			-
the legislative dis	er a resident of the county i strict if it contains all or part	in which I am a candidate, ts of more than one count	if it contains one or more le	gislative districts, or of
l affirm I will med	et the residency qualification	on(s) in (a)above for 6 moi	nths preceding the general a	election and will notify
the office of the S Fee Payment/Statement of Ind	ecretary of State in Writing	when I qualify or if I do no	ot qualify.	The state of the s
I affirm I have inc	luded the applicable nonre	fundable fee with this form	n. OR	
	ole to pay the filing fee set b	y law for the office for whi	ch I am filing, and request th	at my name be placed
on the ballot thro	ugn the Petition process Wi	thout payment of the stat	utory fee.	
Section 4: OATH OF CANDID	ACT (Candidate must sign in t	he presence of a Notary Publ	ic or an Officer of the office wh	ere this form is filed.)
I hereby affirm I possess, or will and laws of the United States a	and the State of Montana.	iui una statutory aeaaiine	s, the qualifications prescrib	ed by the Constitution
There I c	M. A.			1-1-
Signature of Candidate	gara,		Date	18/2024
		Notary Public or Author	orized Officer	1
l		State of Montana County of COAbc		_
1820	ON COLL	Signed and sworn befo	re me this 8 that of m	anno 2024
OPEL	EGT/O	By Norma	Shultz AKA N	Johna J. Shultz
	16001/145		Cup Dido	$\overline{}$
0: 17	[Seal/Stamp]		Signature of Notary or Public O	Official

Submit the completed form and applicable fees for Federal, Statewide, State District, and Legislative Offices to: Montana Secretary of State PG 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: Operator: Posted:

Printed 11:22:22 - 03/08/24

Leah 03/08/24

Batch:

26579

**Transaction:** 

Receipted:

03/08/24 11:22:22 AM

AP: 3/24

Total

**Description** 

Reference #: Name:

NORMA SHULTZ FILING Norma Shultz Filing Fee

1000-341042 ELECTION FEES

Fund 1000 Acct 341042 390.00

Check # 1151

**Cash Paid Credit Paid** 

**Less Change Given** 

**TOTAL:** 

390.00

390.00