DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk of School District No. 2 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 4 day of May, 20 25 .
Candidate Name (Print, as it should appear on the ballot): Stephanie Townsend
Mailing address: P.O. Box 137
City and State: Bridger, MT zip Code: 59014
Residence address:
City and State: <u>Bridger</u> , MT zip Code: <u>59014</u>
Contact Phone: (951) 809-4954 Email Address: 10wn Send. Stephanie 27 Egmoil . 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 10 day of 488484, 20 15
(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 Corbon
Signed and sworn to before me this 10 day of February 20 25, by Stephenie Town send Printed Name of Candidate
Signature of Notary or Public Official
Printed name of Notary or Public Official
Notary Public for the State of Montana (include stamp/seal) BETTY J. SWEET NOTARY PUBLIC for the
N CTADIL B
Residing at: Bridger, Montana My Commission Expires: April 27, 20 Z5 State of Montana Residing at Bridger, Montana My Commission Expires April 27, 2025

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This Declaration of Intent for a trustee position must be submitted to the school district clerk no later

Candidate Name (Print):

than 40 days before the election. 20)-3-305, MCA
with populations of 15,000 or more 0 2,000 or more must report their cam	didates for trustee positions in first-class districts located in counties OR in county high school districts having student enrollments of paign finance activities to the Montana Commissioner of Political
Practices. Current forms are available	e at: <u>Link to the MT Political Practices webpage</u>
Please return this form to:	
District Clerk:	
District:	
Addross	City, State, Zip
Audress.	