

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk of School District No. 6, 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 6 day of May, 2025

Candidate Name (Print, as it should appear on the ballot):

Toni Bergstrom

Mailing address: 298 Poverty Flat Rd

City and State: Joliet, MT Zip Code: 59041

Residence address: 298 Poverty Flat Rd

City and State: Joliet, MT Zip Code: 59041

Contact Phone: 406.591.0114 Email Address: toniosborne@hotmail.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 25 day of March, 2025

Toni Bergstrom
(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 25 day of March, 2025, by Toni Bergstrom
Printed Name of Candidate

[Signature]
Signature of Notary or Public Official

Brandi Paugh
Printed name of Notary or Public Official

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

Residing at: _____

My Commission Expires: _____, 20__

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Candidate Name (Print): Dani Bergstrom

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: _____