DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk of School District No. <u>5</u> <u>C</u> Montana:	RR BOU County, State of
Filing for the office of School District Trustee: For a <u>3</u> -year t Election to be held on the <u>6th</u> day of May, 20 <u>25</u>	erm at the Annual Regular School District
Candidate Name (Print, as it should appear on the ballot):	
Mailing address: <u>67 Cooney</u> Rd	
	Zip Code: <u>59070</u>
Residence address: 67 Cooney Rd	
City and State: Roberts, MT	Zip Code: <u>59070</u>
Contact Phone: <u>406 - 425 - 0215</u> Email Address:	
qualifications prescribed by the Constitution and law of the Unit DATED this day of 20 (Signature of Candidate)	ted States and the State of Montana.
Candidate must sign and acknowledge this Declaration of Intenbefore the Election Administrator or Deputy, if delivered in pers	
State of Montana, County of	
Signed and sworn to before me this 26th day of MARCH Signature of Notary or Public Official JALAYNE R. Obert	, 20 <u>25</u> , by <u>Deborah Lee Hill</u> Printed Name of Candidate
Printed name of Notary or Public Official	INER OS JALAYNE R. OBERT
Notary Public for the State of Montana (include stamp/seal)	NOTARY PUBLIC for the State of Montana Residing at Roberts,
Residing at: Roberts My Commission Expires: Tala 15 200 5	Montana My Commission Expires July 15, 2025
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Candidate Name (Print): Dehorah Lee Hill	
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: Jalay Ne Obert District: # 5	
Address: PO BOX 78 City, State, Zip ROBENTS MT 5967 Fax: 406-446-2506 Email: ODENTO POBENTS . KIZ.MT. US	0