

Declaration for Nomination and Oath of Candidacy **Town of Joliet**

For Office Use Only
Date Filed: 4-24-2025
Fee Amount: \$15
Fee Paid: Cash Check Credit
Document #:
Received By:

		300				
SECTION 1: CANDIDATE INFORMATION						
Candidate First Name: <u>Shelly</u>	Candidate Last Nar	ne: Jurk	ــــــــــــــــــــــــــــــــــــــ			
Filing for Office of: Council Personal Full name of office including district and		Course Jo rs, if applicable	oliet, mJ			
Democratic Party Libertarian Party	Republican Party	Green Party	Nonpartisan			
Independent Minor Party:			and the state of t			
Name of Mi	nor Party					
PO BOX 389	Joliet	mr	59041			
Mailing Address S. Main St.	Soliet	State	59041			
Residential Address (1,000) (0, (4,04) 9)	City 3/54	State	Zip Code			
County of Residence Phone	Em	nail	Website			
SECTION 2: BALLOT INFORMATION	61.	.11 - T	1.			
Candidate Name (printed exactly as it should appear on the b	pallot):	my rur	<u> </u>			
Contact me about my name pronunciation (if not check	ed, generic phonetic pror	nunciation will be used for a	ccessible voting equipment)			
SECTION 3; AFFIRMATIONS						
I affirm I am a registered voter in the State of N	lontana or will be by th	ne candidate filing deadlir	ne. (Does not apply to			
Federal candidates or individuals under the age	of 18 at the candidate	filing deadline who will t	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 o			registative districts, or of			
I affirm I will meet the residency qualification(s			al election and will notify			
the office of the Secretary of State in writing wh	en I qualify or if I do n	ot qualify.				
	Fee Payment/Statement of Indigency (select one):					
I affirm I have included the applicable <u>nonrefundable</u> fee with this form. OR I affirm I am <u>unable to pay</u> 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 with			, , , , , , , , , , , , , , , , , , , ,			
Section 4: OATH OF CANDIDACY (Candidate must sign in the	presence of a Notary Pub	olic or an Officer of the office	e where this form is filed.)			
I hereby affirm I possess, or will possess within constitutional	and statutory deadline	es, the qualifications pres	cribed by the Constitution			
and laws of the United States and the State of Montana.			1 1			
Shelly Surk		_	4/24/25			
Signature of Candidate	Notary Public or Auth		Date			
State of Montana						
	County of Carb					
	Signed and sworn bef	ore me this 24 day of_	april , 20 25			
	By Shelly T	lurk idate –				
	ca waine wi callu	1 0 00	Branch ()			
, (Seal/Stamp)		Signature of Notary or Pu	iblic 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)

LEAH NIEMI CARBON COUNTY TREASURER

PO BOX 828 RED LODGE, MT. 59068

Cash Receipt: Operator:

Printed 08:26:04 - 04/24/25

Operator: Posted:

Denise 04/24/25

Batch:

27678

Transaction:

1

Receipted:

04/24/25 08:26:04 AM

AP: 4/25

Description

Total

Reference #: Name:

COUNCIL Council

1000-341042

ELECTION FEES

Fund 1000

Acct 341042

15.00

Check #

Cash Paid

15.00

Credit Paid

Less Change Given

TOTAL:

15.00