

Declaration for Nomination and Oath of Candidacy Town of Bridger

For Office U	se Only
Date Filed:	
Fee Amount:	
Fee Paid: Cash Check	Credit
Document #:	
Received By:	

No. of the last of		i or Carididacy	Document #:	
	Town o	f Bridger	Received By:	
SECTION 1: CANDIDA	ATE INFORMATION		17	
Candidate First Name:	0	Candidate Last N	ame: News	2v
Filing for Office of:	town o	FBRID G ER g district and/or department numb	oers, if applicable	AYOR
Democratic F	_		Green Party	Nonpartisan
Independent	Minor Party:	None of Miner Death	=:	-
-	0000	Name of Minor Party		• Permitte
PO Box	234	BRIDEER	MT	59014 Zip Code
Mailing Address 309 5.	ラからア	BRIDGER	State M T	59014
Residential Address	11-1-1	City	State	Zip Code
CARBON County of Residence	906 9 Pho	25/2/6 P	ICK DEBNEWT	Website
SECTION 2: BALLOT	NFORMATION	0		
Candidate Name (prin	ted exactly as it should app	ear on the ballot): R_{IC}	GARD NE	WION
		(if not checked, generic phonetic pr		cessible voting equipment)
SECTION 3: AFFIRMA		(ii iio oiiooiioo) goneiio piioiioo pi		: *
		e State of Montana or will be by	the candidate filing deadlin	e. (Does not apply to
		nder the age of 18 at the candida	te filing deadline who will to	urn 18 by the election)
If filing for the State Le	-	county in which I am a candidat	re if it contains one or more	legislative districts, or of
	_	all or parts of more than one cou	-	registative districts, or of
		ualification(s) in (a)above for 6 m		al election and will notify
	of the Secretary of State i nt of Indigency (select one	n writing when I qualify or if I do h:	not qualify.	
		ole <u>nonrefundable</u> fee with this fo	orm. OR	
1 1		fee set by law for the office for w		that my name be placed
		rocess without payment of the st		b
		st sign in the presence of a Notary P Institutional and statutory deadli		
	States and the State of M		nes, the qualifications prese	Thea by the constitution
0 11	$N \longrightarrow$		_	(TUN 2025
16.11	n			6 TUN 2025
Signature of Candidate	2	Notary Public or Au		ate
		State of Montana		
		County of	1 1	
		Signed and sworn b	efore me thisday of	June , 20 25
	CERT OF THE	By Kichar	d Newton	<u> </u>
		Printed Name of Car	ndidate	2
	Sead/St	amp	Signature of Notary or Put	olic 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:

LEAH NIEMI CARBON COUNTY TREASURER

PO BOX 828 RED LODGE, MT. 59068

Cash Receipt:

Printed 11:42:45 - 06/06/25

Operator: Posted:

Michaela 06/06/25

Batch:

27786

Transaction:

Receipted:

06/06/25 11:42:42 AM

AP: 6/25

Description

Reference #: Name:

FILING FEES - NEWTON Filing Fees - Newton

1000-341042 ELECTION FEES

15.00

Total

Fund 1000

Acct 341042

Check # 2759

15.00

Cash Paid Credit Paid

Less Change Given

TOTAL:

15.00