



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 28 day of May, 2021
 Document # _____
 Fee paid: cash check _____ credit
 By: _____
 Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NEIGHBORHOOD COUNCILS 1 _____ OR Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): MICHAEL J. FLAHERTY

Mailing Address: 1128 20th Ave SW City and State: GREAT FALLS, MT Zip Code: 59404

Residence Address: 1128 20th Ave SW City and State: GREAT FALLS, MT Zip Code: 59404

County of Residence: CASCADE Contact Phone: 406-799-6130 Email Address: MIKE@GFPOWER.COM Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____
 Mailing Address: _____ Residence Address: _____
 Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- (a) I hereby affirm that 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 of more than one county, OR
- (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

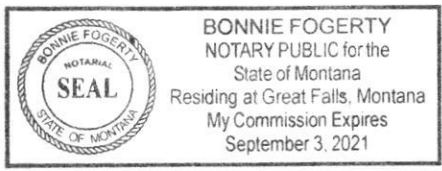
[Signature] Signature of Candidate Date: 5/28/21

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
 County of Cascade
 Signed and sworn to before me this 28th day of May, 2021 by Michael J. Flaherty
Printed Name of Candidate

Where to file Federal, Statewide, State District and Legislative offices:
 Montana Secretary of State
 P.O. Box 202801
 State Capitol Building, 1301 E. 6th Ave
 2nd Floor, Room 260
 Helena, MT 59620
 Online: sosmt.gov/elections/filing/
 Fax: 406-444-2023

Where to file County, City and most Local District offices:
 County Election Office
 A list of county election offices may be found at: sosmt.gov/elections



[Signature] Signature of Notary or Public Official
BONNIE FOGERTY Printed Name of Notary Public
 Notary Public for the State of Montana
 Residing at: Great Falls, MT
 My commission expires: Sept 3, 2021

[SEAL/STAMP]



Declaration for Nomination and Oath of Candidacy

RECEIVED
MAY 14 2021

FOR FILING OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
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By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council #1 _____ OR Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): David R Foscur

Mailing Address: 2708 Alamo drive City and State: Great Falls MT Zip Code: 59404

Residence Address: 2708 Alamo drive City and State: Great Falls MT Zip Code: 59404

County of Residence: Cascade Contact Phone: (406) 869-8030 Email Address: FoscurFM@gmail.com Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

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I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

[Signature]
Signature of Candidate

14 May 2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade
Signed and sworn to before me this 14th day of May, 2021 by David R. Foscur
Printed Name of Candidate

[Signature]
Signature of Notary or Public Official

[Signature]
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls, Montana

My commission expires September 3, 2021

Where to file Federal, Statewide, State District and Legislative offices:
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P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
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Helena, MT 59620
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