



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

RECEIVED

Filed this _____ day of _____, 20____
 Document # JUN 02 2021
 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 Council Representative Republican Nonpartisan
 Full name of office including district and/or department numbers if applicable NC2 Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Aron R. Krischel

Mailing Address: 1004 3rd Ave NW Great Falls 59404
 Street or PO Box City Zip

Residence Address: 1004 3rd Ave NW Great Falls 59404
 Street City Zip

County of Residence: Cascade Home/Mobile Phone: 719-651-2943 Work Phone: _____

Email Address: Krischel.aron@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: _____

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.

Aron R. Krischel 6/2/2021
 Signature of Candidate Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade
 County of _____
 Signed and sworn to before me this 2nd day of June, 2021 by Aron R. Krischel
 Printed Name of Candidate

Where to file for Federal, Statewide, State District and Legislative offices:
 Montana Secretary of State
 State Capitol, 2nd Floor, Room 260
 PO Box 202801
 Helena, MT 59620-2801
 Online: sos.mt.gov
 By Fax: 406-444-2023

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



m. j. shuep
 Signature of Notary or Public Official
Manann L. Lovatay, SSgt, USAF
 Printed Name of Notary Public
 Notary Public for the State of Montana
 Residing at: Nalmstrom AFB
 My commission expires: N/A, 20____
military notary



Declaration for Nomination and Oath of Candidacy

RECEIVED JUN 21 2021

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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: NC 2 _____ 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): Shyila Patera

Mailing Address: 1013 7th Avenue NW City and State: Great Falls MT Zip Code: 59404

Residence Address: 1013 7th Avenue NW City and State: Great Falls MT Zip Code: 59404

County of Residence: Cascade Contact Phone: 781-188 (406) 4529 Email Address: ShyC.Patera@icloud.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.

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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.

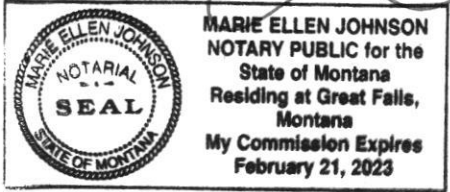
Shyila C. Patera Signature of Candidate 6-21-21 Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade
County of Cascade
Signed and sworn to before me this 21st day of June, 2021 by Shyila Patera
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



[SEAL/STAMP]

Marie Ellen Johnson Signature of Notary or Public Official
Printed Name of Notary Public
Notary Public for the State of _____
Residing at: _____
My commission expires: _____, 20____

