



Declaration for Nomination and Oath of Candidacy

RECEIVED JUN 17 2021

FOR FILING OFFICE ONLY

Filed this _____ day of _____, 20____
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 Council #3 _____ 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): Sue Dickenson

Mailing Address: 620 - Riverview Dr. E City and State: Great Falls, MT Zip Code: 59404

Residence Address: same as above City and State: _____ Zip Code: _____

County of Residence: Cascade Contact Phone: 453-5274 Email Address: suedickenson6845@yahoo.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.

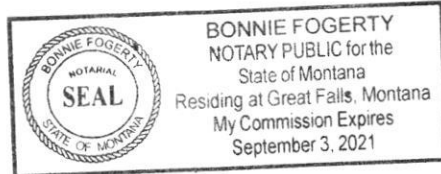
Sue Dickenson Signature of Candidate Date: 6/17/21

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana County of Cascade Signed and sworn to before me this 17th day of June, 2021 by Sue Dickenson
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



Bonnie Fogerty 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]



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

Filing for office of: Neighborhood Council District 3 Name of Political Party Nonpartisan
Full name of office including district and/or department numbers if applicable

Candidate Name (printed exactly as it should appear on the ballot): Kathleen Gessaman

Mailing Address: 1006 36th Ave NE Great Falls 59404
Street or PO Box City Zip

Residence Address: 1006 36th Ave NE Great Falls 59404
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 406-452-7106 Work Phone: 452-7106

Email Address: rkkgo mt@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.

Kathleen Gessaman
Signature of Candidate

May 3, 2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade 3rd

Signed and sworn to before me this 3rd day of May, 2021 by Kathleen Gessaman
Printed Name of Candidate

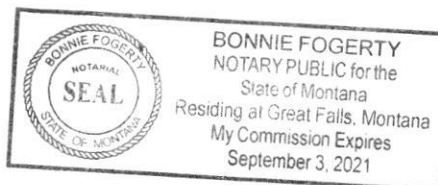
Bonnie Fogerty
Signature of Notary or Public Official

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



STAMP

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PO Box 202801
Helena, MT 59620-2801
Online: sos.mt.gov
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