



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 3 day of May, 20 21
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 4 _____ 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): RICHARD D. ASHLEY

Mailing Address: 4231 7TH AVE NORTH City and State: GREAT FALLS Zip Code: 59405

Residence Address: 4231 7TH AVE NORTH City and State: GREAT FALLS Zip Code: 59405

County of Residence: CASCADE Contact Phone: 770-9025 Email Address: DEANASHLEY77@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.

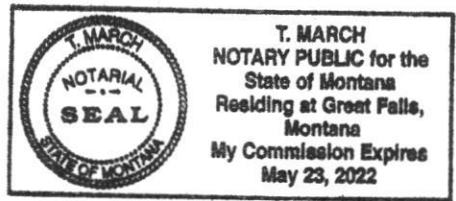
Richard D. Ashley _____ Date: 5/3/21
Signature of Candidate

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana _____
County of Broadwater day of May, 2021 by Richard D. Ashley
Signed and sworn to before me this _____ day of _____, 2021 by _____
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 of Notary or Public Official

Printed Name of Notary Public
Notary Public for the State of _____
Residing at: _____
My commission expires: _____, 20____

[SEAL/STAMP]

YORBA LINDA
LIBRARY
10000 Yorba Linda Blvd
Yorba Linda, CA 92693
714/771-2200





Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 3 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 Council #4 _____ 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): Susan Ashley

Mailing Address: 4231 7 Ave No City and State: Gr Falls MT Zip Code: 59405

Residence Address: 4231 7 Ave No City and State: Gr Falls MT Zip Code: 59405

County of Residence: Cascade Contact Phone: 406-350-3122 Email Address: nas455m@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:

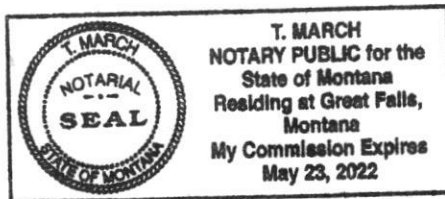
I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Susan Ashley Signature of Candidate Date 5-3-21

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade
Signed and sworn to before me this 3 day of May, 2021 by Susan Ashley
Printed Name of Candidate
T. March Signature of Notary or Public Official

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]

Printed Name of Notary Public _____
Notary Public for the State of _____
Residing at: _____
My commission expires: _____, 20____

Y. MARION
NOTARY PUBLIC for the
State of Missouri
Commission Expires
August 15, 2012
May 28, 2012

