



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 21 day of June, 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 Fee _____ 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): Allison Tangen

Mailing Address: 1012 18th Ave S Great Falls 59405
Street or PO Box City Zip

Residence Address: Same _____
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 208-421-4500 Work Phone: _____

Email Address: allison.tangen@luc.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.

Allison Tangen _____ 6/21/21 _____
Signature of Candidate Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade _____
Signed and sworn to before me this 21 st day of June, 2021 by Allison Tangen
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: sgs.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



MARIE ELLEN JOHNSON
NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires February 21, 2023

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____



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 18 day of June, 2011
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 #6 _____ 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 Cornellier

Mailing Address: 108 13th Ave S. Great Falls 59405
Street or PO Box City Zip

Residence Address: 108 13th Ave S. Great Falls 59405
Street City Zip

County of Residence: Cascade Home/Mobile Phone: (406) 799-1706 Work Phone: _____

Email Address: ontheedge28@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:

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- (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

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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:

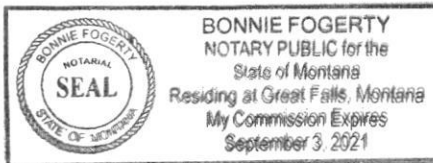
I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Richard Cornellier 6/18/21
Signature of Candidate Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade
Signed and sworn to before me this 18th day of June, 2011 by Richard Cornellier
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, 2011

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
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