



Declaration for Nomination and Oath of Candidacy

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 7 _____ 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): LINDA DAGGETT

Mailing Address 415 6th AVE. S. City and State GREAT FALLS, MT Zip Code 59405

Residence Address SAME City and State _____ Zip Code _____

County of Residence CASCADE Contact Phone 406-452-3520 Email Address Lndaggett@msn.com Website Address NA
406-799-4092

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.

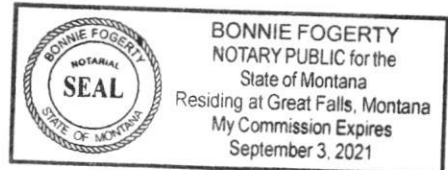
Linda Daggett Signature of Candidate Date 6/15/2021

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade
Signed and sworn to before me this 15th day of June, 2021 by Linda Daggett
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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RECEIVED
JUN 15 2021

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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 #7 _____ 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): Troy D. Lane

Mailing Address: 1200 8th Ave. N. Great Falls 59401
Street or PO Box City Zip

Residence Address: Same _____
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 406 788 1975 Work Phone: _____

Email Address: lane_troy@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: _____

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Troy D. Lane
Signature of Candidate

6/15/21
Date

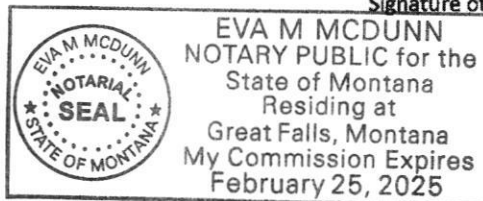
NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 15th day of June, 2021 by Troy Daniel Lane.
Printed Name of Candidate

Eva M. McDunn
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]

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State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
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