



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

RECEIVED
 Filed this _____ day of _____, 20____
 Document # JUN 11 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 #8 _____ 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): KAREN A. GROVE
 Mailing Address: 1816 1st Ave NO Great Falls 59401
 Street or PO Box City Zip

Residence Address: Same _____
 Street City Zip

County of Residence: CASCADE Home/Mobile Phone: 406-788-1246 Work Phone: _____

Email Address: groves20@bresnan.net 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:

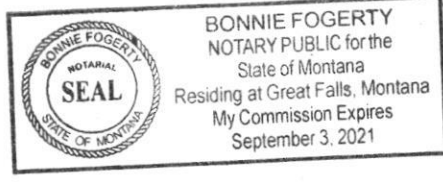
I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Karen Grove 6/11/2021
 Signature of Candidate Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
 County of Cascade
 Signed and sworn to before me this 11 day of June, 2021 by Karen A. Grove
 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 MT
 Residing at: Great Falls, MT
 My commission expires: Sept 3, 2021



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



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Filing for office of: Neighbor Hood Council 8 _____ 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): Travis Grove

Mailing Address: 1816 1st Ave N Great Falls 59401
Street or PO Box City Zip

Residence Address: 1816 1st Ave N Great Falls 59401
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 406-836-2332 Work Phone: _____

Email Address: scobg232@msn.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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[Signature]
Signature of Candidate

6-11-21
Date

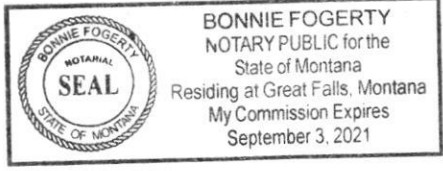
NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade
County of _____
Signed and sworn to before me this 11th day of June 2021 by Travis Grove
Printed Name of Candidate

[Signature]
Signature of Notary or Public Official

Where to file for Federal, Statewide, State District and Legislative offices:
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State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
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Bonnie Fogerty
Printed Name of Notary Public
Notary Public for the State of Montana
Residing at: Great Falls MT
My commission expires: 9/3/21