



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 27 day of April, 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 #9 _____ 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): BERNARD DANISHEFSKY

Mailing Address: 2204 4TH AVES. GREAT FALLS 59405
Street or PO Box City Zip

Residence Address: 2204 4TH AVES. GREAT FALLS 59405
Street City Zip

County of Residence: CASCADE Home/Mobile Phone: 454-2933 Work Phone: NONE

Email Address: BDANISHNC9@YAHOO.COM Website Address: NONE

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 \$ N/A 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.

Bernard Danishefsky 3/11/21
Signature of Candidate Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

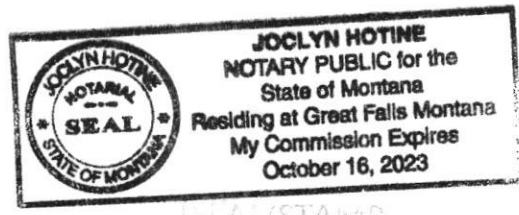
State of Montana
County of CASCADE

Signed and sworn to before me this 11 day of MARCH, 2021 by BERNARD DANISHEFSKY
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: 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/election

Joclyn Hotine
Signature of Notary or Public Official
Printed Name of Notary Public
Notary Public for the State of MONTANA
Residing at: GREAT FALLS
My commission expires: OCT 16, 2023





Declaration for Nomination and Oath of Candidacy

RECEIVED
APR 22 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 #9 _____ 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): KAREN M GRAY

Mailing Address: 2300 8th Ave S City and State: GREAT FALLS MT Zip Code: 59405

Residence Address: 2300 8th Ave S City and State: GREAT FALLS MT Zip Code: 59405

County of Residence: CASCADE Contact Phone: 406-750-2590 Email Address: GRAYAREAMT@CHARTER.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.

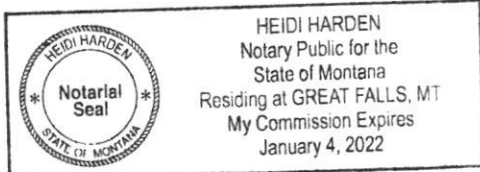
[Signature] Signature of Candidate March 16, 2021 Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade
Signed and sworn to before me this 16 day of March 2021 by Karen M. Gray
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] Signature of Notary or Public Official
Heidi Harden Printed Name of Notary Public
Notary Public for the State of MT
Residing at: Great Falls
My commission expires: Jan. 4, 2022

[SEAL/STAMP]