



Declaration for Nomination and Oath of Candidacy

RECEIVED JUN 17 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: Belt City Council Ward 3 _____ 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): Russell P. Roberts

Mailing Address: P.O. Box 6 City and State: Belt, MT Zip Code: 59412

Residence Address: 130 3rd Ave S. City and State: Belt, MT Zip Code: 59412

County of Residence: Cascade Contact Phone: 406-788-1223 Email Address: rrussell190@gmail.com Website Address: n/a

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 \$ 1500 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.

Russell P. Roberts
Signature of Candidate

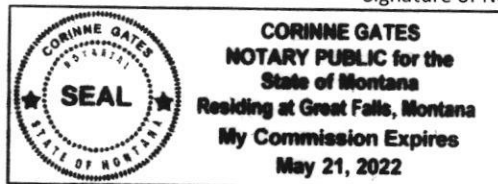
06/17/2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade
Signed and sworn to before me this 17th day of June, 2021 by Russell P Roberts
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



Corinne Gates
Signature of Notary or Public Official

Corinne Gates
Printed Name of Notary Public
Notary Public for the State of Montana
Residing at: Great Falls
My commission expires: 5-21, 2022

[SEAL/STAMP]

My Commission Expires
May 21, 2022
Residing at Great Falls, Montana
State of Montana
NOTARY PUBLIC for the
CORINNE GATES





Declaration for Nomination and Oath of Candidacy

RECEIVED JUN 16 2021

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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: Alderman Belt Ward 1 _____ 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): David Eggert

Mailing Address: Box 125 City and State: Belt MT Zip Code: 59412

Residence Address: 42 Upper Row City and State: Belt MT Zip Code: 59412

County of Residence: Cascade Contact Phone: 406-868-5404 Email Address: daveeggert@hotmail.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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- (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.

David Eggert
Signature of Candidate

6/16/21
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 16th day of June, 2021 by David Eggert
Printed Name of Candidate

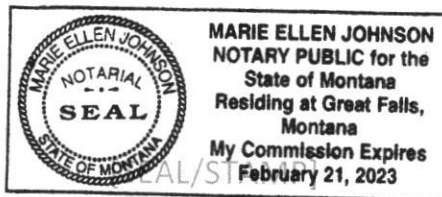
Marie Ellen Johnson
Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____



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

Marie Ellen Johnson
Notary Public for the
State of Montana
Residing at Great Falls,
Montana
My Commission Expires
February 27, 2023

