Declaration for Nomination and Oath of Candidacy

RECEIVED JUN 16 2021 BY:

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: Great Falls Mayor
Full name of office including district and/or department numbers if applicable

☐ _____ Name of Political Party OR ☒ Nonpartisan

Candidate Name (**printed exactly as it should appear on the ballot**): Fred Burow

Mailing Address: 1926 21 av So
City and State: Great Falls MT
Zip Code: 59405

Residence Address: 1926 21 av So
City and State: Great Falls MT
Zip Code: 59405

County of Residence: Cascade
Contact Phone: 406 799 9926
Email Address: fred@burowsauction.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 $ 56.16 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.

Fred Burow
Signature of Candidate

June 16, 2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of CASCADE
Signed and sworn to before me this 16 day of JUNE, 20 21 by FRED BUROW.
Printed Name of Candidate

Signature of Notary or Public Official

JOCLYN HOTINE
Printed Name of Notary Public

Notary Public for the State of MONTANA

Residing at: GREAT FALLS

My commission expires: OCTOBER 16, 20 23

JOCLYN HOTINE NOTARY SEAL STATE OF MONTANA
JOCLYN HOTINE
NOTARY PUBLIC for the State of Montana
Residing at Great Falls Montana
My Commission Expires October 16, 2023

[SEAL/STAMP]

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

Revised July 24, 2019

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

RECEIVED APR 22 2021 BY

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: MAYOR
Full name of office including district and/or department numbers if applicable

☐ ____ Name of Political Party OR ☑ Nonpartisan

Candidate Name (**printed exactly as it should appear on the ballot**): BOB KELLY

Mailing Address: 310 4TH AVE N
City and State: GREAT FALLS, MT
Zip Code: 59401

Residence Address: 310 4TH AVE N
City and State: GREAT FALLS, MT
Zip Code: 59401

County of Residence: CASCADE
Contact Phone: 406 870 0212
Email Address: BOB@BOBKELLYFORMAYOR.COM
Website Address: BOBKELLYFORMAYOR.COM

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 $ 56.16 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.

X

Signature of Candidate ____ Date 4/22/21

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of CASCADE
Signed and sworn to before me this 22 day of April, 2021 by Bob Kelly.
Printed Name of Candidate

Signature of Notary or Public Official

BARBARA BAUMGARTNER
Printed Name of Notary Public

Notary Public for the State of Montana
Residing at: Great Falls
My commission expires: 5/22, 2022

BARBARA BAUMGARTNER
NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires May 25, 2022

[SEAL/STAMP]

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

Revised July 24, 2019

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

RECEIVED APR 22 2021 BY:

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: City Commissioner
Full name of office including district and/or department numbers if applicable

☐ _____ Name of Political Party OR ☒ Nonpartisan

Candidate Name (**printed exactly as it should appear on the ballot**): Joshua Copeland

Mailing Address: 2801 5th Ave N
City and State: Great Falls, MT
Zip Code: 59401

Residence Address: 2801 5th Ave N
City and State: Great Falls, Mt
Zip Code: 59401

County of Residence: Cascade
Contact Phone: 406-468-5832
Email Address: Joshua.Copeland83@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: _____

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 $ 37.44 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 of Candidate _____ Date 04/22/2021

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade
Signed and sworn to before me this 22nd day of April, 2021 by Joshua Copeland.
Printed Name of Candidate

Bonnie Fogerty
Signature of Notary or Public Official

BONNIE FOGERTY NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana My Commission Expires September 3, 2021

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]

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:
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Revised July 24, 2019

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

RECEIVED JUN 15 2021 BY:

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: CITY COMMISSIONER
Full name of office including district and/or department numbers if applicable

☐ _____ Name of Political Party

OR ☑ Nonpartisan

Candidate Name (**printed exactly as it should appear on the ballot**): VANESSA D HAYDEN

Mailing Address: 907 5th AVE S
City and State: GREAT FALLS
Zip Code: 59405

Residence Address: 907 5th AVE S
City and State: GREAT FALLS
Zip Code: 59405

County of Residence: CASCADE
Contact Phone: 406 217 4326
Email Address: Vanessadhayden@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: _____

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 of Candidate: [signature]
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, 20 21 by Vanessa D. Hayden
Printed Name of Candidate

Signature of Notary or Public Official: [signature]

Printed Name of Notary Public: _____

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____

LACEY GREEN NOTARIAL SEAL STATE OF MONTANA
LACEY GREEN
NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires September 09, 2023

[SEAL/STAMP]

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
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Revised July 24, 2019

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: ERIC J HINEBAUCH
Full name of office including district and/or department numbers if applicable
City Commission

☐ _____ Name of Political Party OR ☒ Nonpartisan

Candidate Name (**printed exactly as it should appear on the ballot**): ERIC J HINEBAUCH

Mailing Address: 2009 4th Ave N
City and State: GREAT FALLS MT
Zip Code: 59401

Residence Address: _____
City and State: _____
Zip Code: _____

County of Residence: CASCADE
Contact Phone: 406-690-6699
Email Address: eric.hinebauch@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:

☐ (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.

Eric J Hinebauch
Signature of Candidate

3/31/2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade
Signed and sworn to before me this 31st day of March, 20 21 by Eric Hinebauch
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____

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

[SEAL/STAMP]

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

Revised July 24, 2019

Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 29 day of April, 20 21
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: Great Falls City Commission
Full name of office including district and/or department numbers if applicable

☐ Name of Political Party OR ☒ Nonpartisan

Candidate Name (**printed exactly as it should appear on the ballot**): Joe McKenney

Mailing Address: 500 Deer Dr
City and State: Great Falls MT
Zip Code: 59404

Residence Address: 500 Deer Dr
City and State: Great Falls MT
Zip Code: 59404

County of Residence: Cascade
Contact Phone: 406 868 2980
Email Address: joe@montana.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***

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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.

Joe McKenney
Signature of Candidate

4/29/21
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of CASCADE
Signed and sworn to before me this 29th day of APRIL, 20 21 by JOSEPH E. MCKENNEY
Printed Name of Candidate

Signature of Notary or Public Official

CANDICE L. HOWARD
Printed Name of Notary Public

Notary Public for the State of MT

Residing at: GREAT FALLS.

My commission expires: 10/7/, 20 21

CANDICE L. HOWARD
NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires October 7, 2021

NOTARIAL SEAL — CANDICE L. HOWARD — STATE OF MONTANA

[SEAL/STAMP]

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
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Revised July 24, 2019

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

RECEIVED APR 22 2021

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: City Comission - Great Falls
Full name of office including district and/or department numbers if applicable

☒ Republican
Name of Political Party

OR ☐ Nonpartisan

Candidate Name (**printed exactly as it should appear on the ballot**): Paige Turoski

Mailing Address: 713 11th St N
City and State: GF MT
Zip Code: 59401

Residence Address: 713 11th St N
City and State: GF MT
Zip Code: 59401

County of Residence: Cascade
Contact Phone: 406-231-3260
Email Address: mrs.turoski@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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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.

Signature of Candidate

Date: 4/22/21

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of CASCADE
Signed and sworn to before me this 22 day of April, 20 21 by Paige N. Turoski.
Printed Name of Candidate

Signature of Notary or Public Official

Robert Podry
Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Great Falls

My commission expires: 04/16, 20 23

ROBERT PODRY
NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires 4/16/2023

ROBERT PODRY NOTARIAL SEAL STATE OF MONTANA

[SEAL/STAMP]

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

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County Election Office
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Revised July 24, 2019

Declaration for Nomination and Oath of Candidacy

RECEIVED
MAY 14 2021
BY:

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: Great Falls City Commission
Full name of office including district and/or department numbers if applicable

☐ _____ Name of Political Party OR ☒ Nonpartisan

Candidate Name (**printed exactly as it should appear on the ballot**): Susan J. Wolff

Mailing Address: PO Box 6967
City and State: Great Falls, MT
Zip Code: 59406

Residence Address: 3305 Arbor Way
City and State: Great Falls, MT
Zip Code: 59405

County of Residence: Cascade
Contact Phone: 541-400-0681
Email Address: swolff.gf@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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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.

Susan Wolff
Signature of Candidate

5-14-2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade
Signed and sworn to before me this 14 day of May, 20 21 by Susan J. Wolff.
Printed Name of Candidate

Charla Merja
Signature of Notary or Public Official

Charla A. Merja
Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Fort Shaw

My commission expires: 7-27, 20 2023

CHARLA A. MERJA
NOTARY PUBLIC for the
State of Montana
Residing at Fort Shaw, Montana
My Commission Expires
July 27, 2023
SEAL/STAMP

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

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Revised July 24, 2019