DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

Candidate Name (Print): _____

This Declaration of Intent for a trustee position must be submitted to the school district clerk no later than 40 days before the election. **20-3-305, MCA**

DUE BY 5PM MARCH 25, 2021

Pursuant to **13-37-206, MCA**, all candidates for trustee positions in first-class districts located in counties with populations of 15,000 or more OR in county high school districts having student enrollments of 2,000 or more must report their campaign finance activities to the Montana Commissioner of Political Practices. Current forms are available at: Link to the [MT Political Practices webpage](#)

Please return this form to:
Carrie Fisher, District Clerk
Gallatin Gateway School District #35
PO Box 265, 100 Mill Street
Gallatin Gateway, MT 59730
Fax: 406-763-4886
Email: fisher@gallatingatewayschool.com

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the school District Clerk of School District No. 35, Gallatin County, State of Montana:

Filing for the office of School District Trustee: For a three-year term at the Annual Regular School District Election to be held on the 4th day of May, 2021.

Candidate Name: (Print, as it should appear on the ballot)	
Mailing Address:	
City, State	Zip Code:
Residence Address:	
City, state:	Zip Code:
Email Address:	Contact Phone:

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

Dated this _____ day of _____, 20___.

_____
Signature of Candidate
Candidate must sign and acknowledge this Declaration of Intent before a Notary Public, if mailed, or before the Election Administrator, Carrie Fisher, if delivered in person.

State of Montana, County of _____

Signed and sworn to before me this _____ day of _____, 20_____ by

_____ (printed candidate name).

_____   _____
Signature of Notary or Public Official   Printed name of Notary or Public Official

Notary Public for the State of Montana (include stamp/seal)

Residing at: _____

My Commission Expires: _____, 20_____.