

# 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 26, 2020**

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](mailto: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 5th day of May, 2020.

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\_\_.