

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/election administrator no later than 40 days before the election. **20-3-305, MCA**

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:

<http://politicalpractices.mt.gov/5campaignfinance/candidateinfo.mcp.x>.

Please return this form to:

Carrie Fisher, District Clerk (Election Official)
Gallatin Gateway School District #35
100 Mill Street, PO Box 265
Gallatin Gateway, MT 59730
(406) 763-4415 ext. 36 – phone
(406) 763-4886 – fax
fisher@gallatingatewayschool.com – email

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk/Election Administrator 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 3rd day of May, 2016.

Candidate Name (Print): _____

Mailing address: _____

City and State: _____ Zip Code: _____

Residence address: _____

City and State: _____ Zip Code: _____

Contact Phone: _____ Email Address: _____

I hereby affirm that I possess, or will possess, within the constitutional and 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 or Deputy, if delivered in person.**

State of Montana, County of _____

Signed and sworn to before me this ____ day of _____, 20____, by _____
Printed Name of Candidate

Signature of Notary or Public Official

SEAL/STAMP

Printed name of Notary or Public Official

Notary Public for the State of Montana

Residing at: _____

My Commission Expires: _____, 20____