



# Declaration for Nomination and Oath of Candidacy for the Town Of Bridger

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:

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):

MARK DERUDDER

Mailing Address

PO BOX 597

City and State

BRIDGER MT

Zip Code

59014

Residence Address

509 E BROADWAY AVE

City and State

BRIDGER MT

Zip Code

59014

County of Residence

CARBON

Contact Phone

406-698-3505

Email Address

stateline.mad@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 \$ 15.00 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

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Carbon

Signed and sworn to before me this 16th day of June, 2023 by Mark DeRudder

Printed Name of Candidate

Signature of Notary or Public Official

Where to file for Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
State Capitol, 2nd Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sos.mt.gov](http://sos.mt.gov)  
By Fax: 406-444-2023

Where to file for County, City and  
most Local District offices:

County Election Office  
A list of county election offices may  
be found at: [sos.mt.gov/elections](http://sos.mt.gov/elections)

Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_



**LORI LYNDE**  
**CARBON COUNTY TREASURER**

PO BOX 828  
RED LODGE, MT. 59068

**Cash Receipt:** Printed 15:23:20 - 06/16/23  
**Operator:** Shannon  
**Posted:** 06/16/23

**Batch:** 25941  
**Transaction:** 9

Receipted: 06/16/23 03:23:19 PM AP: 6/23

Description	Total
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<b>Reference #:</b>	BRIDGER MAYOR/ DERUD
<b>Name:</b>	Bridger Mayor/ Derudder

1000-341042	ELECTION FEES	15.00
Fund 1000	Acct 341042	

<b>Check #</b>	
<b>Cash Paid</b>	15.00
<b>Credit Paid</b>	
<b>Less Change Given</b>	
<b>TOTAL:</b>	15.00