



# Write-In Candidate Declaration of Intent and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 14<sup>th</sup> day of July, 2023

Document # \_\_\_\_\_

Fee paid:  cash  check  credit

By: Amberleen  
Deputy or Filing Officer

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

Filing for office of City Council Fromberg MT  Party Primary: \_\_\_\_\_  Nonpartisan  General  
Full name of office including district and/or dept. #s if applicable Name of Party

Candidate Name: TAMMY D TAYLOR

Mailing Address P.O. Box 426 City and State Fromberg Zip Code 59029

Residence Address 123 1st Ave City and State Montana Zip Code 59029  
421 West River St

County of Residence Carbon Contact Phone 406-794-4346 Email Address tammytaylor.cyrill@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 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.

Tammy Taylor Signature of Candidate Date 7-14-2023

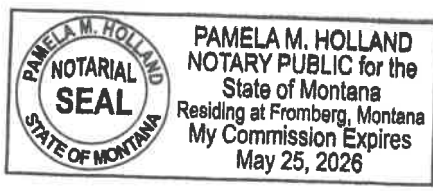
NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Carbon  
County of \_\_\_\_\_  
Signed and sworn to before me this 14<sup>th</sup> day of July, 2023 by TAMMY D. TAYLOR  
Printed Name of Candidate

Pamela M. Holland Signature of Notary or Public Official  
PAMELA M. HOLLAND Printed Name of Notary Public

Where to file for Federal, Statewide, State District and Legislative offices:  
Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sosmt.gov](http://sosmt.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: [sosmt.gov/elections](http://sosmt.gov/elections)



Notary Public for the State of MT  
Residing at: FROMBERG MT  
My commission expires: MAY, 2026



# Write-In Candidate Declaration of Intent and Oath of Candidacy – Reverse

FOR FILING OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Document # \_\_\_\_\_

By: \_\_\_\_\_  
Deputy or Filing Officer

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

Candidate Name Tommy Taylor

IF THIS DECLARATION AND OATH IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Petition for Nomination of Lieutenant Governor: \_\_\_\_\_  
Lieutenant Governor Candidate Name

FILING FEE AND CANDIDATE CERTIFICATIONS

Candidate filing fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration. I have checked both boxes below:

- I certify that pursuant to [13-10-211](#) (6), MCA, I understand that a declaration of intent for a write-in candidate is not valid until any filing fee required under [13-10-202](#), MCA is received by the Secretary of State or election administrator, as applicable. I further certify that this declaration serves as my declaration of acceptance of the nomination or election pursuant to [13-10-204](#) and [13-15-111](#); AND
- I understand that pursuant to [13-10-211](#)(1), MCA, a write-in candidate must file any initials, nicknames, derivatives, or diminutives of the candidate's name that the candidate wishes to have counted if written in by a voter instead of how the write-in candidate's name is listed above.

WRITE-IN CANDIDATE DESIGNATIONS

Pursuant to [13-10-302](#) and [13-15-206](#), MCA, a write-in vote may only be counted if the oval or other designated voting area on the ballot is marked and the write-in vote identifies a declared write-in candidate by any of the designations filed in the write-in candidate's declaration of intent which must contain:

- i) first and last name;
- ii) initials, if any, used instead of a first name, or first and middle name, and last name;
- iii) nickname, if any, used instead of a first name, and the last name; and
- iv) a derivative or diminutive name, if any, used instead of a first name, and last name:

Therefore, as part of my declaration of intent to be a write-in candidate, I am listing the following variations of my name pursuant to [13-10-211](#)(1), MCA, including my last name and at least an initial, which is required by law for each variation:

- Tommy D Taylor
- Tommy Taylor
- Tami Taylor
- T Taylor
- Tomara Taylor

If additional, list below:

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

PO BOX 828  
RED LODGE, MT. 59068

**Cash Receipt:** Printed 11:39:53 - 07/14/23  
**Operator:** Shannon  
**Posted:** 07/14/23

**Batch:** 26012  
**Transaction:** 2

Received: 07/14/23 11:39:52 AM AP: 7/23

**Description**

Total

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**Reference #:** FILING FEE/TAYLOR  
**Name:** Filing Fee/taylor

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1000-341042	ELECTION FEES	15.00
Fund 1000	Acct 341042	

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

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