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FOR FILING OFFICE ONLY	Filed this day of	20
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Declaration for	r Nomination and	Document #	
Oath of Candid	lacv	. Ω π	check credit
#	,	Deputy or Filing Offic	cer
	ANDIDACY TO BE FILED WITH SECRE	ETARY OF STATE OR COUNTY ELECTION ADMINISTR	
office of: Roberts Fire Distric	+ H6 Baard		OR TANAMAN
Full name of office including district an		able Name of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it shoul	d appear on the ballot):	Jay 4 - Lastusky	
Mailing Address		City and State	Zip Code
7 Lupine arde		Roberts MT	59076
Residence Address		City and State	Zip Code
Same		Same	Samp
	t Phone Email Ade	7A - William	
	6-425-4300 last	1 1 0 1	Address
	1 1000	e by the candidate filing deadline. (Does not a	
individuals under the age of 18 at the car	ididate filing deadline who will	turn 18 by the election.)	pply to Federal candidates or
IF THIS DECLARATION IS FOR THE OFFICE OF GOVE	RNOR, YOU MUST COMPLETE THE	FOLLOWING INFORMATION:	
Lieutenant Governor Name (printed exactly	as it should appear on the hallo	*1.	
	23 it should appear on the ballo		
Mailing Address:		Residence Address:	
Phone: Email Ac	ddress:	Website Address	
IF THIS DECLARATION IS FOR THE STATE LEGISLAT	URE, YOU MUST SELECT ONE OF TH		
legislative district if it contains all or p	arts of more than one county, (acy qualification(s) in (a)above f en I qualify or if I do not qualify	for 6 months preceding the general election ar	
Candidate Filing Fee, if applicable, in the		is hereby submitted with this Declaration	and Onther Country
AUDIO GUIDE – PRONUNCIATION OF BALLOT NAM		is reseasy submitted with this beclaration	raild Oath of Candidacy.
		etic pronunciation audio will be used for votin	a aquinment for disabled waters
DATH OF CANDIDACY - CANDIDATE MUST SIGN IN	THE PRESENCE OF A NOTARY PUB	BLIC OR AN OFFICER OF THE OFFICE WHERE THIS FO	pequipment for disabled voters.
l hereby affirm I possess, or will possess witl	in constitutional and statutory	y deadlines, the qualifications prescribed by t	he Constitution and laws of the
United States and the State of Montana	A-101	1 - T - T	Carbon County Electio
au or 140	wyg		DEC 0 6 2023
Signature of Condidate		Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER			
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State	State of Montana County of	bon	(
P.O. Box 202801 State Capitol Building 1301 E. 6 th Ave, 2 nd Floor, Room 260	Signed and sworn to befo	ore me this day of	uber 20 23 by
Helena, MT 59620 Online: sosmt.gov/elections/filing/		Jay 19 Co	astusku
Fax: 406-444-2023		Printed Name of Candidate	The state of the s
Where to file County, City and most Local District offices:		Stalls	Wa
County Election Office		Signature of Notary or Pub	lic Official

[SEAL/STAMP]