

Declaration for Nomination

| For Office Use | Only |
|----------------------|--------|
| Date Filed: | |
| Fee Amount: | |
| Fee Paid: Cash Check | Credit |
| Document #: | |
| Received By: | |

| | and Oath of | Candidacy | Fee Paid: Cash C Document #: | heck Credit |
|---|--------------------------------|---|---|-------------------------------------|
| | | | Received By: | |
| SECTION 1: CANDIDATE INF | , | | | |
| Candidate First Name: Noc | rolas | Candidate Last Nan | ne: 0066C | |
| Filing for Office of: | | | | |
| | | ct and/or department number | | |
| Democratic Party Independent | Libertarian Party Minor Party: | Republican Party | Green Party | Nonpartisan |
| 1 | Name | of Minor Party | | |
| 1796 Red Lod Mailing Address | ge Cr. Rd | Koberts | MIT | 59070 |
| Samu | | City | State | Zip Code |
| Residential Address | | City | . 1 a./ State | Zin Code |
| Cerbon | 486- | 425-0124 1 | ridelle@pro | Zip Code Formai (COM Website |
| County of Residence | Phone | Emo | aĭĬ | Website |
| SECTION 2: BALLOT INFORM | | Neck | Dolato | |
| Candidate Name (printed exac | tly as it should appear on | the ballot):/_/_ | 00000 | |
| Contact me about my | name pronunciation (if not | checked, generic phonetic proni | unciation will be used for a | accessible voting equipment) |
| SECTION 3: AFFIRMATIONS | | | | |
| I affirm I am a reg | gistered voter in the State | of Montana or will be by the | e candidate filing deadl | ine. (Does not apply to |
| Federal candidate | es or individuals under the | e age of 18 at the candidate ; | filing deadline who will | turn 18 by the election) |
| If filing for the State Legislature | | y in which I am a candidate, i | fit contains and an array | |
| the legislative dis | trict if it contains all or po | arts of more than one county, |) it contains one or mor . OR | e legislative districts, or of |
| I affirm I will mee | et the residency qualificat | tion(s) in (a)above for 6 mon | ths preceding the gene | ral election and will notify |
| the office of the S Fee Payment/Statement of Ind | ecretary of State in writin | g when I qualify or if I do not | t qualify. | • • |
| | | refundable fee with this form | OR | |
| I affirm I am <u>unab</u> | ole to pay the filing fee set | by law for the office for which | h I am filing, and reque: | st that my name he placed |
| on the ballot thro | ugh the Petition process v | vithout payment of the statu | tory fee. | |
| Section 4: OATH OF CANDIDA | ACY (Candidate must sign in | the presence of a Notary Publi | c or an Officer of the office | e where this form is filed.) |
| hereby affirm I possess, or will and laws of the United States a | possess within constituti | onal and statutory deadlines | , the qualifications pres | cribed by the Constitution |
| HULL | | | | 3-1-24 |
| Signature of Candidate | | | | Pate |
| | | Notary Public or Autho | rized Officer | |
| | | State of Montana County of <u>Car Do</u> | | |
| | | Signed and sworn befor | e me this 15th day of 1 | march, 2024 |
| | CALCAL | By Nicholas T | Dobbel | |
| | | Timed Name of Candida | 11. 1. | 200 |
| | > [Seal/Stamp] | | Signature of Notary or Pu | blic Official |

Submit the completed form and applicable fees for Federal, Statewide, State District, and Legislative Offices to: Montana Secretary of State · PO Box 202801 - Helena, Montana 59620-2801 or

Submit the completed form and applicable fees for County, City, and most Local District Offices to:

Local County Elections Office (list of Offices found at sosmt.gov/elections)