

## Declaration for Nomination and Oath of Candidacy

Date Filed:	For Office Use Only 3/5/2024	1
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	Document #: Received By:
SECTION 1: CANDIDATE INFORMATION	
Candidate First Name: Patricia	Candidate Last Name: FRQNICh
etter for our constant and a constant	
Filling for Office of:  Full name of office including district and	Mor department numbers if applicable
	<del>-</del>
☐ Democratic Party ☐ Libertarian Party ☐ Independent ☐ Minor Party:	Republican Party Green Party Nonpartisan
Name of Mi	inor Party
PA 12-10503	
Mailing Address	Reakonge Mit, 59068
123 N Hagain	City State Zip Code
Residential Address	City State Zip Code
_ carpon County 503.	
County of Residence  SECTION 2: BALLOT INFORMATION	Email Website
	Patta Emmala
Candidate Name (printed exactly as it should appear on the b	ballot):
Contact me about my name pronunciation (if not check	ed, generic phonetic pronunciation will be used for accessible voting equipment)
SECTION 3: AFFIRMATIONS	
I affirm I am a registered voter in the State of M	fontana or will be by the candidate filing deadline. (Does not apply to
If filing for the State Legislature (select one):	of 18 at the candidate filing deadline who will turn 18 by the election)
	which I am a candidate, if it contains one or more legislative districts, or of
the legislative district if it contains all or parts o	f more than one county, <b>OR</b>
I affirm 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 wh Fee Payment/Statement of Indigency (select one):	en i qualify or if i do not qualify.
I affirm I have included the applicable nonrefund	dable fee with this form. OR
I affirm I am <u>unable to pay</u> the filing fee set by la	nw for the office for which I am filing, and request that my name be placed
on the ballot through the Petition process witho	• •
Section 4: OAI H OF CANDIDACY (Candidate must sign in the p	presence of a Notary Public or an Officer of the office where this form is filed.)
and laws of the United States and the State of Montana.	and statutory deadlines, the qualifications prescribed by the Constitution
Patricia Rinn Manie	<u>3/5/24</u>
Signature of Candidate	Notary Public or Authorized Officer
	State of Montana / (
	County of Larbon
	Signed and sworn before me this 5th day of March , 20 24
	By Patricia Franich
	Printed Name of Candidate
[Seal/Stamp]	- Pmy Helmuth
**************************************	Signature of Notary or Public 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 Parking the City and Parking the City and Parking the

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)