

Declaration for Nomination

	For Office Use Only
Date Filed:	
Fee Amount:	\ \
Fee Paid:	Cash Check Credit
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and Oat	h of Candidacy	Fee Paid: Cash C Document #: Received By:	heck Credit
SECTION 1: CANDIDATE INFORMATION			
Candidate First Name: Jacob	Candidate Last Na	ame: KACP	
Filling for Office of: Precinch Comm		5	
Democratic Party Libertarian Party: Independent Minor Party:	arty Republican Party		Nonpartisan
306 E River St	Combata	عالمة	AT
Mailing Address	City	State	Zip Code
Sam e Residential Address	City		·
		State	Zip Code
County of Residence Phon	ne Er	how by E Comail,	Website
SECTION 2: BALLOT INFORMATION			
Candidate Name (printed exactly as it should app	ear on the ballot):		
Contact me about my name pronunciation SECTION 3: AFFIRMATIONS I affirm I am a registered voter in the Federal candidates or individuals un If filing for the State Legislature (select one): I affirm I am either a resident of the the legislative district if it contains at I affirm I will meet the residency que the office of the Secretary of State in Fee Payment/Statement of Indigency (select one): I affirm I have included the applicable I affirm I am unable to pay the filing on the ballot through the Petition pro-	e State of Montana or will be by toder the age of 18 at the candidate county in which I am a candidate II or parts of more than one count alification(s) in (a) above for 6 more writing when I qualify or if I do not be a content of the set of the state	he candidate filing deadle e filing deadline who will , if it contains one or more ty, OR on this preceding the gene ot qualify. m. OR ich I am filing, and request	ine. (Does not apply to turn 18 by the election) Te legislative districts, or of ral election and will notify st that my name be placed
Section 4: OATH OF CANDIDACY (Candidate must I hereby affirm I possess, or will possess within cor	t sign in the presence of a Notary Pub astitutional and statutory doadling	olic or an Officer of the office	e where this form is filed.)
and laws of the United States and the State of Mo	ntana.	es, the qualifications pres	cribed by the Constitution
Signature of Candidate			-11-2024
S. S	Notary Public or Auth		Pate
	State of Montaga	T	
	County of <u>Cav</u>	bon	
	Signed and sworn before ByOCOOPrinted Name of Candi	pre me this (day of	March , 20214
[Seal/Star		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 \cdot PO Box 202801 \cdot 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)