

Declaration for Nomination and Oath of Candidacy

For Office Use	Only
Date Filed:	
Fee Amount:	
Fee Paid: Cash Check	☐ Credit
Document #:	
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	,	Document #:	
SECTION 1: CANDIDATE INFORMATION	Į		
Candidate First Name: Fr Scott	Condidate Last Nove	tre	ner
Canadate First Name.	Candidate Last Nam	e:_// C ac/	nea
	nmittee	Man	
Full name of office including district and	d/or department numbers	s, if applicable	
Democratic Party Libertarian Party Independent Minor Party:	Republican Party	Green Party	Nonpartisan
Name of M	inor Party		
Mountain View Rd	Red locke	e MC-	59068
_ Mountain View Rd	Red Lody:	State M. T	Zip Code
Residential Address	City	State	Zip Code
County of Residence Phone	SG MIGHPL Ema	ains market	website
SECTION 2: BALLOT INFORMATION		1	
Candidate Name (printed exactly as it should appear on the	ballot): <i>Co</i>	TT Ste	amet
Contact me about my name pronunciation (if not check	ed, generic phonetic pronu	nciation will be used fo	r accessible voting equipment)
SECTION 3: AFFIRMATIONS			3 - quipment,
I affirm I am a registered voter in the State of N	ontana or will be by the	candidate filing dead	dline. (Does not apply to
Federal candidates or individuals under the age	of 18 at the candidate f	iling deadline who w	ill turn 18 by the election)
If filing for the State Legislature (select one): I affirm I am either a resident of the county in w	uhich I am a candidate, is	f it contains one or m	oro lociolativa district
the legislative district if it contains all or parts of	f more than one county,	OR	ore legislative districts, or of
I affirm I will meet the residency qualification(s	i) in (a)above for 6 mont	ths preceding the ger	eral election and will notify
the office of the Secretary of State in writing where Payment/Statement of Indigency (select one):	en I qualify or if I do not	qualify.	
I affirm I have included the applicable nonrefun	dable fee with this form	OR	
I affirm I am unable to pay the filing fee set by Id	aw for the office for which	h I am filing, and requ	est that my name be placed
on the ballot through the Petition process without	out payment of the statu	tory fee.	
Section 4: OATH OF CANDIDACY (Candidate must sign in the	presence of a Notary Public	or an Officer of the off	ice where this form is filed.)
I hereby affirm L possess, or will possess within constitutional and laws of the United States and the State of Montana.	and statutory deadlines,	the qualifications pr	escribed by the Constitution
con Mames			3/6/2024
Signature of Candidate		:	Date
	Notary Public or Author	rized Officer	
	State of Montana County of Court	000	
15 M H L U /	Signed and sworn before	e me this	march, 20 24
SULECTIONS	By	-F. Scott	Kreamer
* * *	Printed Name of dandida	te A	70 -
(Seal/Stanon		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 most Local District Offices to:

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