

Declaration for Nomination

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

and Oath o	T Candidacy	Fee Paid: Cash Check Credit Document #: Received By:		
SECTION 1: CANDIDATE INFORMATION	Į			
Candidate First Name: Alcue	Candidate Last Nam	e: Naxwa	, \	
Filing for Office of: Pracing	Rop Na- trict and/or department numbers)		
_				
Democratic Party Libertarian Party Independent Minor Party:	← Républican Party	Green Party	Nonpartisan	
Nan	ne of Minor Party			
P.O III B	122QLadge City	MI.	59068	
2145 Diverious Rd	Realonge	State	Zip Code 59068	
Residential Address	City	State	Zip Code	
Carbon 909	234-8979		Lip Code	
County of Residence Phone	Ema	il	Website	
SECTION 2: BALLOT INFORMATION	۸ ۵	A		
Candidate Name (printed exactly as it should appear	on the ballot): Alan I	(alue)		
I affirm I am a registered voter in the State of Montana or will be by the candidate filing deadline. (Does not apply to Federal candidates or individuals under the age of 18 at the candidate filing deadline who will turn 18 by the election) If filing for the State Legislature (select one): I affirm I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR 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 when I qualify or if I do not qualify. Fee Payment/Statement of Indigency (select one): I affirm I have included the applicable nonrefundable fee with this form. OR I affirm I am unable to pay the filing fee set by law for the office for which I am filing, and request that my name be placed on the ballot through the Petition process without payment of the statutory fee. Section 4: OATH OF CANDIDACY (Candidate must sign in the presence of a Notary Public or an Officer of the office where this form is filed.) I hereby affirm I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.				
Signature of Candidate		-	03/11/24	
Signature of Candidate	Notary Public or Author	rized Officer	Date	
	State of Montana County of	1181		
	Signed and sworn before	e me this 11th day of	march - al	
STUDE CTION	By Alan Max Printed Name of Candida	Nell	, 20 <u>4</u>	
(Seal/Stamp)	rinted Name of Candida	Signature of Notary or F	Public Official	
75,77STP				

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)