



# Declaration for Nomination and Oath of Candidacy

For Office Use Only	
Date Filed:	_____
Fee Amount:	_____
Fee Paid:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
Document #:	_____
Received By:	_____

### SECTION 1: CANDIDATE INFORMATION

Candidate First Name: ROBERT Candidate Last Name: MILLER

Filing for Office of: CITY COUNCIL WARD 1  
Full name of office including district and/or department numbers, if applicable

- Democratic Party   
  Libertarian Party   
  Republican Party   
  Green Party   
  Nonpartisan  
 Independent   
  Minor Party: \_\_\_\_\_  
 Name of Minor Party

PO Box 2198    RED LODGE    MT    59068  
 Mailing Address    City    State    Zip Code  
814 COOPER AVE N    RED LODGE    MT    59068  
 Residential Address    City    State    Zip Code  
CARBON COUNTY    281 773 2302    rdm386@earthlink.net  
 County of Residence    Phone    Email    Website

### SECTION 2: BALLOT INFORMATION

Candidate Name (printed exactly as it should appear on the ballot): DOUG MILLER

- Contact me about my name pronunciation (if not checked, generic phonetic pronunciation will be used for accessible voting equipment)

### SECTION 3: AFFIRMATIONS

- 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.

Robert Miller  
Signature of Candidate

MAR 6, 2024  
Date

### Notary Public or Authorized Officer

State of Montana  
County of Carbon

Signed and sworn before me this 6<sup>th</sup> day of march, 2024

By Robert Miller  
Printed Name of Candidate

[Signature]  
Signature of Notary or Public Official



[Seal/Stamp]

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](http://sosmt.gov/elections))

**LORI LYNDE**  
**CARBON COUNTY TREASURER**

PO BOX 828  
RED LODGE, MT. 59068

**Cash Receipt:** Printed 12:48:17 - 03/06/24  
**Operator:** Jordan  
**Posted:** 03/06/24

**Batch:** 26572  
**Transaction:** 2

Received: 03/06/24 12:48:17 PM

AP: 3/24

**Description**

Total

**Reference #:** MILLER  
**Name:** Miller

1000-341042 ELECTION FEES  
Fund 1000 Acct 341042

15.00

**Check #**

**Cash Paid**

15.00

**Credit Paid**

**Less Change Given**

**TOTAL:**

15.00