

Declaration for Nomination

For Office Us	se Only
Date Filed:	•
Fee Amount:	
Fee Paid: Cash Check	Credit
Document #:	
Received By:	

	and Oath of Can	didacy	Fee Paid: Cash Che Document #: Received By:	ck Credit		
SECTION 1: CANDIDATE INFO	ORMATION					
Candidate First Name:	hom As	Candidate Last Na	me: MORRIS			
	CIWCT 3 Cone of office including district and	a mm tt FE	MANV rs, if applicable			
Democratic Party Independent		Republican Party	Green Party	Nonpartisan		
71 Emesta	Rd -		Matt			
Mailing Address	1)01	City	State	Zip Code		
Residential Address		City	State	7101		
CARBON Cour	vty 757-6	30-7631 T	EMKEM & 1/1	Zip Code		
County of Residence	Phone	Em	ail	Website		
SECTION 2: BALLOT INFORM		T6 00	no MAP	P. c		
Candidate Name (printed exact	tly as it should appear on the l	ballot):_///OM	H> IVION	112		
Contact me about my	name pronunciation (if not check	ed, generic phonetic pror	unciation will be used for ac	cessible voting equipment		
SECTION 3: AFFIRMATIONS				- coming equipment		
I affirm I am a reg	gistered voter in the State of N	ontana or will be by th	ne candidate filina deadlina	Poes not confute		
Federal candidate	es or individuals under the age	of 18 at the candidate	filing deadline who will tu	rn 18 by the election)		
If filing for the State Legislature	e (select one):			•		
I affirm I am eithe	er a resident of the county in w	hich 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 Laffirm I will meet the residency qualification(c) in (algebrase for 6 months proceedings to a second secon						
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 <u>nonrefundable</u> fee with this form. OR						
I affirm I am <u>unable to pay</u> 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 CANDIDA			• •			
hereby affirm I possess, or will	possess within constitutional	and statutory deadline	s the qualifications proces	where this form is filed.)		
and laws of the United States a	nd the State of Montana	and statutory acadimic	s, the qualifications preser	ibea by the Constitution		
Thomas &	= Town		4	3-11-24		
ignature of Candidate			Dat			
		Notary Public or Auth	orized Officer			
		State of Montana County of	500			
5.00	off Co	Signed and sworn befo	ore me this 11th day of	narch, 2024		
O'W	F01/0	By Thomas Printed Name of Candid	Morris			
	tr Str.	Finited Name of Candid	Windle V	200)		
J. 3	[Seal/Stamp]		Signature of Notary or Publi	c Officia		

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)