



# 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: Anne Candidate Last Name: Rood  
 Filing for Office of: Red Lodge City Council - Ward 2  
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

POB 2242    Red Lodge    MT    59068  
Mailing Address    City    State    Zip Code  
N Villard Ave    Red Lodge    MT    59068  
Residential Address    City    State    Zip Code  
Carbon    406/426-0293-c    roodanne@gmail.com  
County of Residence    Phone    Email    Website

### SECTION 2: BALLOT INFORMATION

Candidate Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
 Contact me about my name pronunciation (If not checked, generic phonetic pronunciation will be used for accessible voting equipment)  
Rood like Rude

### 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.

Signature of Candidate \_\_\_\_\_ Date 3-11-24

**Notary Public or Authorized Officer**  
 State of Montana \_\_\_\_\_  
 County of Carbon  
 Signed and sworn before me this 11 day of March, 2024  
 By Anne Rood  
Printed Name of Candidate

[Seal/Stamp]

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

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

PO BOX 828  
RED LODGE, MT. 59068

**Cash Receipt:** Printed 16:02:16 - 03/11/24  
**Operator:** Jordan  
**Posted:** 03/11/24

**Batch:** 26582  
**Transaction:** 2  
Received: 03/11/24 03:26:10 PM AP: 3/24

**Description** **Total**

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**Reference #:** ROOD  
**Name:** Rood

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1000-341042	ELECTION FEES	15.00
Fund 1000	Acct 341042	

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<b>Check #</b> 6865	15.00
<b>Cash Paid</b>	
<b>Credit Paid</b>	
<b>Less Change Given</b>	
<b>TOTAL:</b>	15.00

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