

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk of Brockton School District No. 55-55F, Roosevelt County, State of Montana:

Filing for the office of School District Trustee: For a three-year term at the Annual Regular School District Election to be held on the 6th day of May, 2025.

Candidate Name (Print, as it should appear on the ballot):

Mailing address: _____

City and State: _____ Zip Code: _____

Residence address: _____

City and State: _____ Zip Code: _____

Contact Phone: _____ Email Address: _____

I hereby affirm that I possess, or will possess, within the constitutional and statutory deadlines, the qualifications prescribed by the Constitution and law of the United States and the State of Montana.

DATED this _____ day of _____, 20 _____

(Signature of Candidate)

Candidate must sign and acknowledge this Declaration of Intent before a Notary Public, if mailed, or before the Election Administrator or Deputy, if delivered in person.

State of Montana, County of _____

Signed and sworn to before me this _____ day of _____, 20 ____, by _____
Printed Name of Candidate

Signature of Notary or Public Official

Printed name of Notary or Public Official

Notary Public for the State of Montana

Residing at: _____

My Commission Expires: _____, 20 _____

SEAL/STAMP

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Candidate Name (Print): _____

This Declaration of Intent for a trustee position must be submitted to the school district clerk no later than 40 days before the election. **20-3-305, MCA**

Pursuant to **13-37-206, MCA**, all candidates for trustee positions in first-class districts located in counties with populations of 15,000 or more OR in county high school districts having student enrollments of 2,000 or more must report their campaign finance activities to the Montana Commissioner of Political Practices. Current forms are available at: <http://politicalpractices.mt.gov/forms>

Please return this form to:

District Clerk: Cheri' Nygard, Election Administrator

District: Brockton School District

Address: 529 5th Street City, State, Zip Brockton, MT 59213

Fax: 1-406-786-3121 Email: cherinygard@brockton.k12.mt.us