

## DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

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

\_\_\_\_\_

To the School District Clerk of Great Falls Public School District Nos. 1 & A, Cascade County, State of Montana:

Filing for the office of School District Trustee: For a three (3) year term at the Annual Regular School District Election to be held on the 7th day of May 2024.

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)

## DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

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. March 28, 2024 [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: <https://politicalpractices.mt.gov/>

### **Please return this form to:**

Cascade County Elections Administrator

Or

District Clerk: Brian Patrick

Great Falls Public School Districts 1 & A

Address: 1100 4<sup>th</sup> Street South

P.O. Box 2429

Great Falls, Montana 59403

Fax: 406.268.6067

Email: [brian\\_patrick@gfps.k12.mt.us](mailto:brian_patrick@gfps.k12.mt.us)

### **Candidate must sign and acknowledge this Declaration of Intent before a Notary Public.**

State of Montana, County of Cascade

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Printed Name of Candidate \_\_\_\_\_

Signature of Notary or Public Official \_\_\_\_\_

Printed name of Notary or Public Official \_\_\_\_\_

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_, 20\_\_

Notary Public for the State of Montana (include stamp/seal)