

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 6th day of May 2025.

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)

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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. March 27, 2025 [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 4th Street South

P.O. Box 2429

Great Falls, Montana 59403

Fax: 406.268.6067

Email: 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)