

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

To the School District Clerk/Election Administrator of School District No. \_\_\_\_\_, \_\_\_\_\_  
County, State of Montana:

Filing for the office of School District Trustee: For a \_\_\_-year term at the Annual Regular School District  
Election to be held on the \_\_\_ day of May, 20\_\_.

Candidate Name (Print): \_\_\_\_\_

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/election administrator 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/5campaignfinance/candidateinfo.mcp.x>.

**Please return this form to:**

Name of Election Official: \_\_\_\_\_

Representing: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_