Declaration for Nomination and Oath of Candidacy

Filed this _8th_ day of _May_ ,20 _23_
Document # _#2_
Fee paid: ☐ cash ☑ check_____ ☐ credit
By: _BHeit_
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Billings City Council Ward 2

Full name of office including district and/or department numbers if applicable

☐ _____ Name of Political Party **OR** ☒ Nonpartisan

Candidate Name (printed exactly as it should appear on the ballot): Dustin Hanson

Mailing Address	City and State	Zip Code
953 Governors Blvd	Billings, MT	59105

Residence Address	City and State	Zip Code
953 Governors Blvd	Billings, MT	59105

County of Residence	Contact Phone	Email Address	Website Address
Yellowstone	406-690-5080	Dustin@Dustin4Billings.com	Dustin4Billings.com

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____   Residence Address: _____

Phone: _____   Email Address: _____   Website Address: _____

IF THIS DECLARATION IS FOR THE **STATE LEGISLATURE**, YOU MUST SELECT ONE OF THE FOLLOWING:

☒ (a) *I hereby affirm* that 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**

☐ (b) *I hereby affirm* that 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.

FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of $ $120 is hereby submitted with this Declaration and Oath of Candidacy.

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 that 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   _5/8/23_ Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of _Yellowstone_

Signed and sworn to before me this _8_ day of _May_ , 20 _23_ by

Dustin Hanson
Printed Name of Candidate

_____
Signature of Notary or Public Official

BOWEN J. BROWN NOTARY PUBLIC for the State of Montana Residing at Billings, Montana My Commission Expires July 14, 2025

[SEAL/STAMP]

Revised December 6, 2021