

Declaration for Nomination and

FOR FILING OFFICE ONLY	Filed this <u>34</u> day of <u>April</u> Document #_ BW1- 2	,20 3
	Fee paid: Cash Check By: Deputy or Filing Officer	credit

The state of the s		Candidacy	ii aiia	FOR FI	ee paid: Car Car Deputy or Filin		credit
DECLARATION AND	OATH OF CANDIDAC	Y TO BE FILED WITH SECRETARY O	F STATE OR	COUNTY ELECTION ADMINI	STRATOR AS APP	LICABLE	
office of:	ty of Billings - City (OR X Nonpartisan
Full r	name of office including	ng district and/or department num	bers if appli	cable Name of	Political Party		
Candidate Name	(printed exactly as	it should appear on the ballo	t): Scott	Aspenlieder			
			Fig. 1				
Mailing Address			City and State			Zip Code	
3636 Colin Drive				Billings, MT			59102
Residence Addre	Residence Address			City and State			Zip Code
3636 Colin Drive			Billings, MT			59102	
County of Posido	nco	Contact Phone	Email Addr	ass	W/o	bsite Address	
County of Reside	nce			performance-ec.com none			
Yellowstone 406-461-8392 scott@		scott@p	performance-ec.com				
		OF GOVERNOR, YOU MUST COMI exactly as it should appear on					
Electeriant Gover	The Harre (princed	chactly as it should appear on					
Mailing Address:				Residence Address:			
Phone:		Email Address:			Website Ad	dress.	
	ON IS FOR THE STATE	LEGISLATURE, YOU MUST SELECT	ONE OF THE	FOLLOWING:	_ vvcbsite / id		
legislative	e district if it contair affirm that I will me	ner a resident of the county in was all or parts of more than one to the residency qualification (string when I qualify or if I do not the control of the country in the control of the country in the control of the country in the co	county, O s) in (a)abo	R			
	UST BE PAID BEFORE						
Candidate Fili	ing Fee, if applicable	e, in the amount of \$		is hereby submitted	with this Decla	ration and Oath	of Candidacy.
		ST SIGN IN THE PRESENCE OF A NO	TARY PURI	C OR AN OFFICER OF THE	OFFICE WHERE T	HIS FORM IS FILED):
l hereby affirm ti		ll possess within constitutiona		tory deadlines, the qua	lifications pres		
					24/23		
	ature of Candidate			Date			
NOTARY PUBLIC OF	R AUTHORIZED OFFICE	R					
		State of Monta	na				
State District an Montana Secret P.O. Box 202801 State Capitol Bu	ilding, 1301 E. 6 th A	Signed and swo		re me this 24 d	ay of App	<i>(i)</i>	
2 nd Floor, Room Helena, MT 596		AMAHA FRAN	Т.	AMARA FRANK	Cott 1	45pen1	ieder

sosmt.gov/elections/filing/ Online:

406-444-2023 Fax:

Where to file County, City and most Local District offices:

County Election Office

A list of county election offices may be found at: sosmt.gov/elections

NOTARY PUBLIC for theinted Name of Candidate

State of Montana Residing at Laurel, Montana My Commission Expires
December 2, 2026

Signature of Notary or Public Official