



# Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 18 day of May, 2023  
Document # BVCC-1  
Fee paid:  cash  check  credit  
By: BAert  
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: TOWN COUNSEL MEMBER  Commissioner  Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): TOWN OF BROADVIEW CHUCK CHAFFIN

Mailing Address: PO Box 146 City and State: BROADVIEW MT. Zip Code: 59015

Residence Address: 14106 6TH ST. City and State: BROADVIEW MT. Zip Code: 59015

County of Residence: YELLOWSTONE. Contact Phone: 602-859-5909 Email Address: PO Box 146 BROADVIEW Website Address: DIANEMT63@HOTMAIL.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 \$ NO FILING FEES  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.

Charles M. Chaffin  
Signature of Candidate

05-18-2023  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Yellowstone

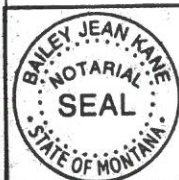
Signed and sworn to before me this 18th day of May, 2023 by

**Where to file Federal, Statewide, State District and Legislative offices:**

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

**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](http://sosmt.gov/elections)



BAILEY JEAN KANE  
NOTARY PUBLIC for the  
State of Montana  
Residing at Billings, Montana  
My Commission Expires  
September 30, 2023

Chuck Chaffin  
Printed Name of Candidate

Polane  
Signature of Notary or Public Official

[SEAL/STAMP]