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Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY	Filed thisday of Feb	>
	Fee paid: cash check credit	_
	Deputy or Filing Officer	

Oath of Candidacy		O By: Bother Deputy or Filing O	fficer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECR	ETARY OF STATE OR COUNTY E	LECTION ADMINISTRATOR AS APPLICA	ABLE
Filing for office of: Director of the board. County Water District Full name of office including district and/or departm		Name of Political Party	OR X Nonpartisan
Candidate Name (printed exactly as it should appear on the	ne ballot): Brandon Hurst		
Mailing Address	City and	d State	Zip Code
216 Stillwater Ln	Billin	gs, MT	59105
Residence Address	City and	State	Zip Code
216 Stillwater Ln	Billin	gs, MT	59105
County of Residence Contact Phone	Email Address	Website	e Address
Yellowstone 406-696-1754	bhurst@meadov	vlarkco.com	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUS	ST COMPLETE THE FOLLOWING	INFORMATION:	
Lieutenant Governor Name (printed exactly as it should app	pear on the ballot):		
Mailing Address:	Residence	ce Address:	
Phone: Email Address:		Website Address	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST	SELECT ONE OF THE FOLLOWIN		
(a) I hereby affirm that I am either a resident of the coulegislative district if it contains all or parts of more the	nty in which I am a candida nan one county. OR	te, if it contains one or more legisi	lative districts, or of the
(b) I hereby affirm that I will meet the residency qualific of the Secretary of State in writing when I qualify or i	cation(s) in (a)above for 6 m	onths preceding the general electi	ion and will notify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	j i do not quanjy.		
Candidate Filing Fee, if applicable, in the amount of \$	is here	eby submitted with this Declaratio	n and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE C	OF A NOTARY PUBLIC OR AN O	FFICER OF THE OFFICE WHERE THIS F	ORM IS FILED:
I hereby affirm that I possess, or will possess within constit the United States and the State of Montana.	utional and statutory dead	lines, the qualifications prescribe	d by the Constitution and laws of
AAA		2/1/23	
Signature of Candidate		Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER			
State of I	Montana		
Where to file Federal, Statewide, County o	of <u>Vellowstore</u>	,	
Contraction to the contraction of	/ 1		22
Montana Secretary of State Signed ar P.O. Box 202801	nd sworn to before me this	<u>le</u> day of tebruer	20 <u>20</u> by
State Capitol Building, 1301 E. 6th Ave			
2 nd Floor, Room 260	COTI WIDDICOMBE	Barrier Hu	nst
Helena, MT 59620 Online: sosmt.gov/elections/filing/	NOTARY PUBLIC FOR THE STATE OF MONTANA	Printed Name of Candidate	0.00
Fax: 406-444-2023	RESIDING AT BILLINGS	/ Interest Name of Canadado	
Where to file County, City and most	MY COMMISSION EXPIRES AUGUST 11, 2026	14/1 hala	Vab.
Local District offices:		Signature of Notary or Pub	olic Official
County Election Office A list of county election offices may be		Signature of Notary of Put	one official
The state of the s			

[SEAL/STAMP]