



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 3 day of Jan, 2023
 Document # 000002
 Fee paid: cash check credit
 By: BHut
 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: Director of the board, County Water District of Billings Heights _____ OR 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): DAVID M. GRAVES

Mailing Address 2259 WABASH PATH City and State BILLINGS, MT Zip Code 59105

Residence Address 2259 WABASH PATH City and State BILLINGS, MT Zip Code 59105

County of Residence YELLOWSTONE Contact Phone 406-860-8255 Email Address gravesdq.com Website Address _____

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 \$ _____ 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.

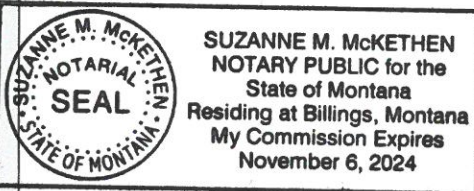
David M. Graves _____ 1/2/2023
 Signature of Candidate Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
 County of yellowstone
 Signed and sworn to before me this 3rd day of January, 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/
 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



David M. Graves
 Printed Name of Candidate

Suzanne M. McKethen
 Signature of Notary or Public Official
 SUZANNE M. MCKETHEN

[SEAL/STAMP]