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## Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY	Filed this 13 day of 2 nuary  Document # 0 0 0 0 0 0 0 0	_,20 <u>ZZ</u>
	Fee paid: cash check 3999  By: Deputy or Filing Officer	credit

W. F.					Deputy or Filing Offi	cer		
DECLARATIO	ON AND OATH OF CANDIDAC	Y TO BE FILED WITH SECRET	TARY OF STATE OR CO	UNTY ELECTION ADMINIS	TRATOR AS APPLICAE	SLE		
Filing for office of:	Justice of the Po	OR Nonpartis						
office of:	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	<sub>ballot):</sub> David	A. Carter		- Inches		
Mailing Ad				ity and State		Zip Code		
Reda	eters on file wi	ith Election of	FFKe !		4.			
Residence				ity and State		Zip Code		
		2.000	Ŀ					
County of I	Residence	Contact Phone	Email Address	i.	Website	Address		
Yellows	stone	406.647.0937	jpcarter20	022@gmail.com				
IE THIS DECI	LARATION IS FOR THE OFFICE	OF COVERNOR VOLUMES	COMPLETE THE FOLL	DWING INFORMATION				
				TOTAL CONTINUES				
Lieutenant	Governor Name (printed	exactly as it should appe	ear on the ballot): [_					
Mailing Ad	dress:		Re	esidence Address:				
Phone:		Email Address:			Website Address:	4		
IF THIS DECL	ARATION IS FOR THE STATE I	LEGISLATURE, YOU MUST S	ELECT ONE OF THE FOL	LOWING:		a Sportsman		
(b) I he of th	islative district if it contain ereby affirm that I will mee the Secretary of State in wr FEE MUST BE PAID BEFORE F ate Filing Fee, if applicable	et the residency qualifica riting when I qualify or if FILING IS VALID:	ation(s) in (a)above for I do not qualify.			n and will notify the office and Oath of Candidacy.		
e reso transcription		ENAMA CANASTRANCIA DE CANASTRANCIA	100V 100 V 10 S0 Inc. 100 S1 100 0					
I hereby affi the United NOTARY PUB State of Mo County of _	States and the State of M Signature of Candidate BLIC OR AUTHORIZED OFFICE	I possess within constitu	ational and statutory	Date 20 22 by 3		by the Constitution and laws of $\frac{2022}{+ EY}$ .		
State Dist Montana P.O. Box 2 State Cap 2nd Floor, Helena, M Online: Fax: Where to Local Dist County Ele	itol Building, 1301 E. 6 <sup>th</sup> A Room 260	SEA	NOTARY I State of Residing at My Comm	Signature of Nota  LESSARD PUBLIC for the of Montana Billings, Montana nission Expires  05, 2024	y or Public Officia  Printed Name of  Notary Public for  Residing at:	LESSARD f Notary Public or the State of MT		