

found at: sosmt.gov/elections

Declaration for Nomination and

FOR FILING OFFICE ONLY	Filed this 13 day of Fine ry 20 22	3
	Fee paid: cash check 1005 credit	
	Deputy or Filing Officer	

No. and Contains	Oath of Ca	ndidacv		Por Fee BA:	paid: cash check	credit
		,		O Dy	Deputy or Filing Officer	
DECLARATION AND	OATH OF CANDIDACY T	O BE FILED WITH SECRETARY O	F STATE OR COUNTY	ELECTION ADMINIST	TRATOR AS APPLICABLE	
office of.	stice of the Pea	ace Department num		Name of P	olitical Party	OR V Nonpartisan
Candidate Name	(printed exactly as it	should appear on the ballo	Jeanne M	I. Walker		
Mailing Address				nd State		Zip Code
P.O. Box	2157		Billir		59103	
Residence Address Residence				nd State	Zip Code	
on sile	1	ection office				
County of Resider		Contact Phone	Email Address		Website Address	
Yellowstone		406-690-1856	jwalker@free	lawfirm.com	n l	
IF THIS DECLARATION	ON IS FOR THE OFFICE O	F GOVERNOR, YOU MUST COM	PLETE THE FOLLOWIN	IG INFORMATION:		
		xactly as it should appear or				
				ence Address:		
Mailing Address:				Tice Address [
Phone:		mail Address: GISLATURE, YOU MUST SELECT	ONE OF THE FOLLOW	/ING:	Website Address:	
					one or more legislative distric	ets, or of the
[a) I hereby of legislative	affirm that I am eithe e district if it contains	ail or parts of more than on	e county, OR	rate, if it contains	one of more registative assure	,,
(b) I hereby of	affirm that I will mee retary of State in wri	t the residency qualification ting when I qualify or if I do	(s) in (a)above for 6 not qualify.	months preceding	g the general election and will	notify the office
	IUST BE PAID BEFORE FI					
✓ Candidate Fili	ing Fee, if applicable,	in the amount of \$	is he	ereby submitted w	vith this Declaration and Oath	of Candidacy.
OATH OF CANDIDA	CY - CANDIDATE MUST	SIGN IN THE PRESENCE OF A N	OTARY PUBLIC OR AN	OFFICER OF THE O	FFICE WHERE THIS FORM IS FILE): Institution and laws of
	hat I possess, or will s and the State of M		ai ana statutory ae	1	fications prescribed by the Co	institution and laws of
	and M. W			Janu	any 3, 2022	
Sign	ature of Candidate			Date	0 '	
NOTARY PUBLIC OF	R AUTHORIZED OFFICER					
County of Jell	austerie			7	1,2,1/-	
Signed and swor	n to before me this _	3rd day of Jone	iary 20	by Dri	nted Name of Candidate	
	Federal, Statewide,		U			
Montana Secre	and Legislative office etary of State	25:	,	Signature of No	otary or Public Official	
P.O. Box 20280				Fa		
2 nd Floor, Roor	Building, 1301 E. 6 th A m 260	Ve OI DUGO	DANISIDI		Printed Name of Notary	
Helena, MT 59	9620	R. LOTARIA	NOTARY PU			
The state of the s	mt.gov/elections/filin -444-2023	SEAL	State of A Residing at Billi	Montana	Notary Public for the Sta	ite of Mentana
	County, City and mo	or Simon with	My Commiss	ion Expires	Residing at: Billing	,
Local District		COF MONT	September	20, 2024	My commission expires:	Seat 2 20 21/
County Electio		the			iviy commission expires:	api 00,2004
A list of county	y election offices may	be				