

Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY	Filed this 27 day of January 2022 Document # 0 0 0 0 0 0 7
	Fee paid: cash check 5035 credit By: Deputy or Filing Officer

Oath of Candida	СУ	99	By: Deputy or Filing Officer	check 54.5
DECLARATION AND OATH OF CANDIDACY TO BE FILED	WITH SECRETARY OF STATE OF	R COUNTY ELECTION AI	DMINISTRATOR AS APPLICABLE	
Filling for office of: Treasuree Assessor Full name of office including district and	Suft . at School	olicable Na	Refublican ame of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should ap	ppear on the ballot):	herry Lo	ng	
Mailing Address		City and State	5.0	Zip Code
PO Box 81214		Billing	5 MT	59108
Residence Address		City and State	de C	Zip Code
8550 Sailfish DR		Billing	5 MT	59106
County of Residence Contact Pho	one Email Add	dress	Website Add	dress
Yellowstone 698.	8470	Dogeth Contract	and part year	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNO	R, YOU MUST COMPLETE THE	FOLLOWING INFORMA	TION:	
Lieutenant Governor Name (printed exactly as it	should appear on the ballo	t):		
Mailing Address:		Residence Addres	SS:	
Phone: Email Addre	.55.		Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE,		IE FOLLOWING:	Website Address.	
legislative district if it contains all or parts (b) I hereby affirm that I will meet the resider of the Secretary of State in writing when I FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID Candidate Filing Fee, if applicable, in the amo	ncy qualification(s) in (a)abo qualify or if I do not qualify D:	ove for 6 months pre	eceding the general election a	
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE I hereby affirm that I possess, or will possess wit the United States and the State of Montana. Signature of Candidate NOTARY PUBLIC OR AUTHORIZED OFFICER				
	State of Montana			
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6 th Ave 2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023	Signed and sworn to before COUNTY ONE COUNTY ONE	ore me this	Thay of January Shorry Januar rinted Name of Candidate	by
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	ADMINISTRATOR TO ADMINISTRATOR	Si	Poteccol Hert ignature of Notary or Public C	Official