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## Declaration for Nomination and Oath of Candidacy

ILING ONLY	Filed thisday of	20
	Document #	
OR FII	Fee paid: cash - check	3_5 ☐ credit
A P	By:	
	Deputy or Filing Officer	

	Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OF	R COUNTY ELECTION ADMINISTRATOR AS APPLICABLE MAY	2 7 2021
Filling for office of:  [auvel City Council Wava I A]  Full name of office including district and/or department numbers if app	olicable Name of Political Party	OR Nonpartisar
Candidate Name (printed exactly as it should appear on the ballot):	EIDI SPARKS	
Mailing Address	City and State	Zip Code
310 YELLOWSTONE AVE	LAUREL MT	59044
Residence Address	City and State	Zip Code
County of Residence Contact Phone Email Add Weidi	Sparks 82 cymail Com	
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 ballo	t):	
Mailing Address:	Residence Address:	
Phone: Email Address:	Website Address:	
IF THIS DECLARATION IS FOR THE <b>STATE LEGISLATURE</b> , YOU MUST SELECT ONE OF TH	E FOLLOWING:	
(a) I hereby affirm that I am either a resident of the county in which I am legislative district if it contains all or parts of more than one county, C  (b) I hereby affirm that I will meet the residency qualification(s) in (a)about 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 \$	OR  ove for 6 months preceding the general election and will  .	notify the office
	is hereby submitted with this Declaration and Oath	NAME OF THE OWNER OF THE PARTY OF THE PARTY.
OATH OF CANDIDACY - <b>CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUB</b> I hereby affirm that I possess, or will possess within constitutional and stat		
the United States and the State of Montana.	5,72,21	
Signature of Candidate	Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montana  County of <u>Yellows force</u> Signed and sworn to before me this <u>27</u> day of <u>May</u>	22 1/2.12 5 2-2/-	
/	20 <u>21</u> by <u>Herdî 5 parKS</u> Printed Name of Candidate	
Where to file Federal, Statewide, State District and Legislative offices:	Reberraltent	
Montana Secretary of State P.O. Box 202801	Signature of Notary or Public Official	
State Capitol Building, 1301 E. 6th Ave	Repuca JH	rt
2nd Floor, Room 260 Helena, MT 59620  ELECTION	Printed Name of Notary F	Public
Online: sosmt gov/elections/filing/	Notary Public for the Stat	e of
Fax: 406-444-2023  Where to file County, City and most Local District offices:	Residing at:	
County Election Office  Local District offices:	My commission expires:_	, 20
A list of county election offices may be	AMP	