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Declaration for Nomination and Oath of Candidacy

| _ | - 21 | |
|------------|--------------------------|--------|
| 5 7 | Filed thisday of | ,20 |
| 5 6 | Document # | |
| FOR FILING | Fee paid: cash check 001 | credit |
| 공 문 | By: | |
| | Deputy or Filing Officer | |

| Oath of C | andidacy | FOR | By: | Credit |
|--|---|---|--|----------------------------|
| + | | | Deputy or Filing Officer | |
| DECLARATION AND OATH OF CANDIDACY | TO BE FILED WITH SECRETARY OF STA | ATE OR COUNTY ELECTION ADM | AINISTRATOR AS APPLICABLE | |
| office of: Laurel City Cour Full name of office including | t Judge g district and/or department numbers | if applicable Name | e of Political Party | OR Nonpartisar |
| Candidate Name (printed exactly as | t should appear on the ballot): | Juliane E. Lore | | |
| Mailing Address Redacted | L-onfile | City and State | | Zip Code |
| | | | * | |
| Residence Address | | City and State | | Zip Code |
| L | | | | |
| County of Residence | Contact Phone Ema | il Address | Website Addres | s |
| Yellowstone | juli | ane@lorelaw.us | | |
| IF THIS DECLARATION IS FOR THE OFFICE (| OF GOVERNOR, YOU MUST COMPLETE | THE FOLLOWING INFORMATION | DN: | |
| Lieutenant Governor Name (printed e | | | PROPERTY OF THE PROPERTY OF TH | |
| Mailing Address: | | Residence Address: | | |
| Phone: | mail Address: | | Website Address: | |
| IF THIS DECLARATION IS FOR THE STATE LE | GISLATURE, YOU MUST SELECT ONE (| OF THE FOLLOWING: | | |
| of the Secretary of State in wri FILING FEE – FEE MUST BE PAID BEFORE FI Candidate Filing Fce, if applicable, | | | ed with this Declaration and Ca | th of Caudida <i>r y</i> . |
| OATH OF CANDIDACY - CANDIDATE MUST I hereby affirm that I possess, or will j the United States and the State of Mo | oossess within constitutional and | PUBLIC OR AN OFFICER OF TH | IE OFFICE WHERE THIS FORM IS FIL | LED: |
| the Onited States and the State of Mic | S () | 1. | | |
| Signature of Candidate | (L . | | 14 5 2021 | |
| NOTARY PUBLIC OR AUTHORIZED OFFICER | | Dute | | |
| State of Montana County of | 5 day of may | , 20 <u>21 </u> | Juliane E. | Lore. |
| Where to file Federal, Statewide, | | | Printed Name of Candidate | |
| State District and Legislative office. Montana Secretary of State | u | 4 | cerson | |
| P.O. Box 202801 | | Signature of | Notary or Public Official | _ |
| State Capitol Building, 1301 E. 6 th Av 2 nd Floor, Room 260 | 2 | | Jew J | aelson |
| Helena, MT 59620 Online: sosmt.gov/elections/filing | AN JACKO | TERRI JACKSON | Printed Name of Notar | |
| Fax: 406-444-2023 | NOTARIAL | OTARY PUBLIC for the State of Montana | Notary Public for the St | tate of Montan |
| Where to file County, City and most Local District offices: | | Residing at Laurel, Montana y Commission Expires | Residing at: | urel |
| County Election Office | OF MON | February 2, 2022 | My commission expires | s: 2 · 2 , 20 <u>23</u> |
| A list of county election offices may l | SEAL/ | | | |