



# Declaration for Nomination and Oath of Candidacy

FOR FILING  
OFFICE ONLY

Filed this MAY 10 2021 day of May, 2021  
Document # 28  
Fee paid: ☐ cash ☒ check 28 ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: LAUREL CITY COUNCIL WARD 4 B ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
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 ballot): RICHARD A. KLOSE SR

Mailing Address 511 COTTONWOOD AVE City and State LAUREL MT Zip Code 59044

Residence Address 511 COTTONWOOD AVE City and State LAUREL MT Zip Code 59044

County of Residence YELLOWSTONE Contact Phone 406-671-1814 Email Address KLOSERICHARD@YAHOO.COM Website Address \_\_\_\_\_

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 ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office 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 \$ 56.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Richard A. Klose Sr  
Signature of Candidate

05-10-2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Yellowstone

Signed and sworn to before me this 10<sup>th</sup> day of May, 2021 by Richard Klose  
Printed Name of Candidate

**Where to file Federal, Statewide,  
State District and Legislative offices:**  
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6<sup>th</sup> Ave  
2<sup>nd</sup> Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

**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](http://sosmt.gov/elections)



Barbara Cox  
Signature of Notary or Public Official

Barbara Cox  
Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_