



# Declaration for Nomination and Oath of Candidacy

JUN - 2 2021

FOR FILING  
OFFICE ONLY

Filed this 2nd day of June, 2021  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☒ check ☐ 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: CITY OF LAUREL - MAYOR ☐ \_\_\_\_\_ 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): THOMAS C NELSON

Mailing Address 524 ELM AVE City and State LAUREL, MT Zip Code 59044

Residence Address 524 ELM AVE City and State LAUREL, MT Zip Code 59044

County of Residence Yellowstone Contact Phone 406-698-5441 Email Address tnelson1013@gmail.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 \$ 274.00 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.

Thomas C Nelson  
Signature of Candidate

6/2/2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Yellowstone

Signed and sworn to before me this 2nd day of June, 2021 by Thomas C Nelson

Printed Name of Candidate

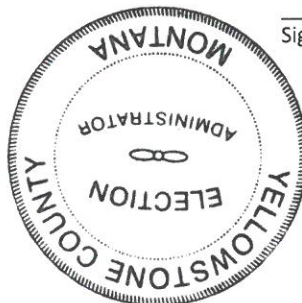
Signature of Notary or Public Official

Barbara Cox  
Printed Name of Notary Public

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

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

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



[SEAL/STAMP]

## Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd 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)