

JUN 1 9 2021



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 16 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: Town Commissioner Town of Broadview _____ 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): Roger D Swartz

Mailing Address: Box 66 City and State: Broadview MT Zip Code: 59015

Residence Address: 16626 Donald ave City and State: Broadview MT Zip Code: 59015

County of Residence: Yellowstone Contact Phone: 406-208-3943 Email Address: Roger642@MTINTOUCH.NET 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 \$ 0 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.

X Roger D Swartz
Signature of Candidate

6-16-21
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Yellowstone Signed and sworn to before me this 16th day of June, 2021 by Roger D Swartz
Printed Name of Candidate

[Signature]
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/
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