

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk/Election Administrator of School District No. 2, Yellowstone
County, State of Montana:

Filing for the office of School District Trustee: For a 1-year term at the Annual Regular School District
Election to be held on the 2nd day of May, 2023.

Candidate Name (Print, as it should appear on the ballot):

Andrea R. Nemitz

Mailing address: 3704 Hayden Drive

City and State: Billings, MT Zip Code: 59102

Residence address: 3704 Hayden Dr.

City and State: Billings, MT Zip Code: 59102

Contact Phone: 406-360-8037 Email Address: andreaanem22@gmail.com

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

DATED this 10th day of February, 2023

Andrea R. Nemitz
(Signature of Candidate)

Candidate must sign and acknowledge this Declaration of Intent before a Notary Public, if mailed, or before the Election Administrator or Deputy, if delivered in person.

State of Montana, County of Yellowstone

Signed and sworn to before me this 10 day of February, 2023, by Andrea R. Nemitz
Printed Name of Candidate

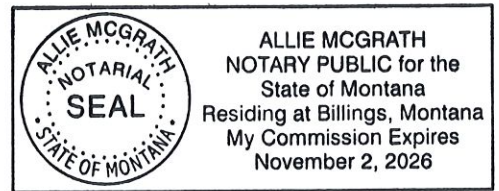
Allie McGrath
Signature of Notary or Public Official

Allie McGrath
Printed name of Notary or Public Official

Notary Public for the State of Montana (include stamp/seal)

Residing at: Billings, MT

My Commission Expires: November, 2026



DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

Candidate Name (Print): Andrea R. Nemitz

This Declaration of Intent for a trustee position must be submitted to the school district clerk/election administrator no later than 40 days before the election. **20-3-305, MCA**

Pursuant to **13-37-206, MCA**, all candidates for trustee positions in first-class districts located in counties with populations of 15,000 or more OR in county high school districts having student enrollments of 2,000 or more must report their campaign finance activities to the Montana Commissioner of Political Practices. Current forms are available at: [Link to the MT Political Practices webpage](#)

Please return this form to:

Name of Election Official: _____

Representing: _____

Address: _____ City, State, Zip _____

Fax: _____ Email: _____