

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk/Election Administrator of School District No. 129-70  
County, State of Montana:

Filing for the office of School District Trustee: For a <sup>3<sup>rd</sup> year</sup> ~~2~~-year term at the Annual Regular School District Election to be held on the 2 day of May, 2023.

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

BRITTANI HUNTER

Mailing address: 4751 NAYGURA Ridge

City and State: LAUREL, MT Zip Code: 59044

Residence address: SAME

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: 406 671-9791 Email Address: Brittani@cbmcbrokers.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 17 day of February, 2023

[Signature]  
(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 17 day of February 2023, by Brittani Hunter  
Printed Name of Candidate

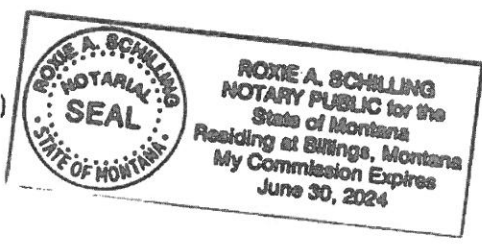
Roxie A. Schilling  
Signature of Notary or Public Official

Roxie A Schilling  
Printed name of Notary or Public Official

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

Residing at: Billings, MT 59101

My Commission Expires: June 30, 2024



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Candidate Name (Print): BRIANNE HUNTER

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: \_\_\_\_\_